09/22/2008 12:33

Image# 28933342110

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2008 8 0 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 09 22 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) D D D 0.8 0 1 2008 8 0 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 896421.36 January 1 (b) Cash on Hand at 1070811.13 Begining of Reporting Period 99709.57 702955.36 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1170520.70 1599376.72 6(a) and 6(c) for Column B) 240713.70 669569.72 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 929807.00 929807.00 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

0 1 3^D1 м м 8 0 м м 8 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 621180.60 86218.32 (i) Itemized (use Schedule A) 11031.25 55659.25 (ii) Unitemized (iii) TOTAL (add 97249.57 676839.85 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 97249.57 676839.85 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 2460.00 26115.51 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 99709.57 702955.36 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

99709.57

702955.36

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Shared Federal/Non-Federal		
(α)	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b)	, ,	1713.70	24969.72
(c)	Expenditures Total Operating Expenditures	1713.70	24969.72
(0)	(add 21(a)(i), (a)(ii) and (b))	1713.70	24969.72
2. Tra	insfers to Affiliated/Other Party		
	mmittees ntributions to	0.00	0.00
Fed	deral Candidates/Committees d Other Political Committees	238000.00	607500.00
	ependent Expenditure		
(us	e Schedule E) ordinated Expenditures Made by Party	0.00	15030.00
Cor	mmittees (2 U.S.C. 441a(d)) e Schedule F)	0.00	0.00
(usi	e scriedule r)		
6. Loa	an Repayments Made	0.00	0.00
7 Ioa	ans Made	0.00	0.00
8. Ref	funds of Contributions To:		
(a)	Individuals/Persons Other Than Political Committees	1000.00	22070.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	1000.00	22070.00
	(add Lines 20(a), (b), and (c))		
9. Oth	ner Disbursements	0.00	0.00
	deral Election Activity (2 U.S.C 431(20))		
(a)) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c)) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Tot	tal Disbursements (add Lines 21(c), 22,		
23,	, 24, 25, 26, 27, 28(d), 29 and 30(c))	240713.70	669569.72
2. To	otal Federal Disbursements		
(su	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fra	m Line 31)	240713.70	669569.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	97249.57	676839.85
34.	Total Contribution Refunds (from Line 28(d))	1000.00	22070.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	96249.57	654769.85
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1713.70	24969.72
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1713.70	24969.72

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/94 (check only one)
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
\angle			,	
	Full Name (Last, First, Middle Initial) Marc Abrams			Date of Receipt
	Mailing Address Suite 102 2322 E 22nd Street			08 01 2008
	Claveland	State OH	Zip Code	Transaction ID: 4I0TLM532013
	Cleveland FEC ID number of contributing federal political committee.	C	44115-3176	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Sharron Acosta			Date of Receipt
	Mailing Address Eye Associates of Seg 128 S Moss Street Sui	08 15 2008		
	City Seguin	State TX	Zip Code 78155	Transaction ID: BICRYY518515
	FEC ID number of contributing federal political committee.	C	70133	Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Madhu Agarwal			Date of Receipt
	Mailing Address 614 Fairway Dr.			08 04 2008
	City	State	Zip Code	Transaction ID: CCA99E11-D5BD-4
	Redlands	CA	92373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)	•		1750.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ronald Agresta Mailing Address 2315 Sunset Boulevard	10 % B		Date of Receipt
	Mailing Address 2315 Sunset Boulevard	a Suite B		08 22 2008
	City	State	Zip Code	Transaction ID: BH4W9O716287
	Steubenville	OH	43952-2496	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) Chad Albright	2		Date of Receipt
	Mailing Address 3245 Allendale Street S	08 01 2008		
	City	State	Zip Code	Transaction ID: 0987353
	Roanoke	VA	24014-3120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Steven Andersen			Date of Receipt
	Mailing Address Suite B 38707 Stivers Street			08 / 22 / 2008
	City Fremont	State CA	Zip Code	Transaction ID: F1ZAJ2164812
	FEC ID number of contributing federal political committee.	C	94536-5337	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1865.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any pere name and address of any political committee y Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Andreoni Mailing Address Suite 240 1524 Atwood Avenue City Johnston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code RI 02919-3228 C Occupation Ophthalmologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard Angrist Mailing Address 3810 River Road City Point Pleasant FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code NJ 08742-2054 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dennis Asselin Mailing Address 2301 Lac De Ville Bou City Rochester FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code NY 14618-5646 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	I	1230.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee	
American Academy of Ophthalmolo	gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Robert Bailey Mailing Address 912 E Willow Grove	Ανοριιο	Date of Receipt
		08 13 2008
City Wyndmoor	State Zip Code PA 19038-7910	Transaction ID: 0642249
FEC ID number of contributing federal political committee.	PA 19038-7910	Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Stacy Bang Mailing Address Apt. 1		Date of Receipt
1116 25th Street No	08 08 2008	
City	State Zip Code	Transaction ID: 814P0E368680
Washington	DC 20037-1461	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	Balcii 1001 - FAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) John Barnes		Date of Receipt
Mailing Address PO Box 5620		0 8 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 0418734
San Angelo	TX 76902-5620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	Baton 1001-1 AO
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1365.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Charles Barr			Date of Receipt
	Mailing Address 301 E Muhammad Ali	Boulevard		08 05 2008
	City	State	Zip Code	Transaction ID: 0377126
	Louisville	KY	40202-1511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) Norbert Mathias Becker Mailing Address 302 Randall Road Suit	e 10		Date of Receipt
		08 27 2008		
	City Geneva	State IL	Zip Code 60134-4209	Transaction ID: BH4WAR778581
	FEC ID number of contributing federal political committee.	C	60134-4209	Amount of Each Receipt this Period
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) Abdhish Bhavsar			Date of Receipt
	Mailing Address 2105 Chestnut Road			08 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MN	Zip Code	Transaction ID: 0220203
	Medina FEC ID number of contributing federal political committee.	C	55340-9796	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	. ' - '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 94 (check only one) X 11a
A	ny information copied from such Reports and s r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) David Blandford			Date of Receipt
	Mailing Address Suite C 906 US Highway 68			08 04 2008
	City	State	Zip Code	Transaction ID: 4G5W4B197646
	<u>Maysville</u>	KY	41056-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Christopher Blodi			Date of Receipt
	Mailing Address Suite 133 1501 50th Street			08 20 2008
	City	State	Zip Code	Transaction ID: 4DVYER353565
	West Des Moines	IA	50266-5920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr		Balcii 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) David Bogorad			Date of Receipt
	Mailing Address 2509 Walton Way			08 27 2008
	City	State	Zip Code	Transaction ID: BH4WAR569115
	Augusta	GA	30904-4561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 415.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1550.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 94 (check only one) X
Į.	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) James Brandt			Date of Receipt
	Mailing Address Suite 2400 4860 Y Street			08 07 2008
	City	State	Zip Code	Transaction ID: 4G5WIJ361266
	Sacramento FEC ID number of contributing federal political committee.	CA	95817-2307	Amount of Each Receipt this Period 500.00
	Name of Employer	Occupatio	n	Batch Tool - PAC
	Receipt For: Primary General	Ophthalr Aggregate	e Year-to-Date ▼	
_	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dean Brick			Date of Receipt
	Mailing Address Suite 100 6422 E Speedway Bou	08 27 2008		
	City Tucson	State AZ	Zip Code 85710-1151	Transaction ID: BH4WAR606961
	FEC ID number of contributing federal political committee.	C	63710-1131	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	- ' ' ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Marvin Burdette			Date of Receipt
	Mailing Address PO Box 369			0 8 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: 0792394
	Greenwood	SC	29648-0369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1115.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicit contributio	PAGE 13 / 94 11c
A. F Keith Busse Mailing Address Suite 150	such committee.
City Austin Transaction ID: 4C Austin TX 78759-5711 FEC ID number of contributing federal political committee. Name of Employer self Ophthalmologist Receipt For:	/ Y Y Y Y Y 2 0 0 8
Austin TX 78759-5711 FEC ID number of contributing federal political committee. Name of Employer Self Optimization Ophthalmologist Ophthalm	
Name of Employer self	
Name of Employer Self Occupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Solution Ophthalmologist Pull Name (Last, First, Middle Initial) Charles Campbell Mailing Address Suite 200 S540 Saratoga Boulevard City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ State Zip Code Primary General Ophthalmologist Receipt For: Primary General Other (specify) ▼ State Zip Code Ophthalmologist Full Name (Last, First, Middle Initial) Bruce Carter Mailing Address 1101 E Jefferson Street Suite 3 Full Name (Last, First, Middle Initial) Bruce Carter Mailing Address 1101 E Jefferson Street Suite 3 Full Name (Last, First, Middle Initial) Bruce Carter Mailing Address 1101 E Jefferson Street Suite 3 FEC ID number of contributing federal political committee. City State Zip Code Charlottesville VA 22902-5353 FEC ID number of contributing federal political committee. Coccupation Ophthalmologist Receipt For: Ophthalmologist Receipt For: Primary General Aggregate Year-to-Date ▼ Batch Tool - PAC	500.00
Primary Other (specify) ▼	
B. Charles Campbell Mailing Address Suite 200 5540 Saratoga Boulevard City State Zip Code Corpus Christi TX 78413-2953 FEC ID number of contributing federal political committee. Name of Employer self Occupation Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Bruce Carter Mailing Address 1101 E Jefferson Street Suite 3 City State Zip Code Charlottesville VA 22902-5353 FEC ID number of contributing federal political committee. Name of Employer Occupation Ophthalmologist FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Occupation Ophthalmologist Receipt For: Ophthalmologist	
City State Zip Code Corpus Christi TX 78413-2953 FEC ID number of contributing federal political committee. Name of Employer self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ City State Zip Code Name (Last, First, Middle Initial) Bruce Carter Mailing Address 1101 E Jefferson Street Suite 3 City State Zip Code Charlottesville VA 22902-5353 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Charlottesville VA 22902-5353 FEC ID number of contributing federal political committee. Name of Employer self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼	
Corpus Christi TX 78413-2953 Amount of Each Reference of Contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ City State Zip Code Charlottesville FEC ID number of contributing federal political committee. Name of Employer State Suite 3 City State Zip Code Transaction ID: F0 Charlottesville FEC ID number of contributing federal political committee. Name of Employer State Coupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	2008
FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	
Name of Employer self Cocupation Ophthalmologist	1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Bruce Carter Mailing Address 1101 E Jefferson Street Suite 3 City State Zip Code Charlottesville VA 22902-5353 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General	
Date of Receipt Mailing Address 1101 E Jefferson Street Suite 3 City State Zip Code Charlottesville VA 22902-5353 FEC ID number of contributing federal political committee. Name of Employer self Primary General Date of Receipt M M M O D D D O D D D D D D D D D D D D	
City State Zip Code VA 22902-5353 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General State Zip Code VA 22902-5353 Amount of Each Reconstruction Ophthalmologist Aggregate Year-to-Date ▼ 250.00	
Charlottesville VA 22902-5353 Amount of Each Rec FEC ID number of contributing federal political committee. Name of Employer self Ophthalmologist Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date	2008
FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date Primary General Aggregate Year-to-Date 750.00	
Name of Employer Self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General Batch Tool - PAC Aggregate Year-to-Date ▼	eceipt this Period 250.00
Receipt For: Primary General Aggregate Year-to-Date ▼	
Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may le name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Jimmy Carter			Date of Receipt
	Mailing Address 102 Doctors Drive			08 / 22 / Y Y Y Y Y
	City Dothan	State AL	Zip Code 36301-2911	Transaction ID: F1ZAJ2675430 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' ' '	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) M Gary Carter			Date of Receipt
	Mailing Address 1867 Forsyth Street			0 8 0 1 2 0 0 8
	City	State	Zip Code	Transaction ID: 0789746
	Macon	GA	31201-1166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) David Chang			Date of Receipt
	Mailing Address Suite 1 762 Altos Oaks Drive			08 / 08 / 2008
	City Los Altos	State CA	Zip Code 94024-5435	Transaction ID: 814P0E744550 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Shaena Choi Mailing Address 3320 Plainview Street City Pasadena FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 77504-1906	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼	Ophthalm Aggregate	nologist Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael Colvard Mailing Address Suite 545 5363 Balboa Bouleva City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Encino FEC ID number of contributing federal political committee. Name of Employer self	CA C Occupation Ophthalm		Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) F Michael Cornell Mailing Address 11003 Southeast 119	th Court		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Happy Valley	State OR	Zip Code 97086-2722	Transaction ID: F1ZAJ2363300 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C		500.00 Batch Tool - PAC
Receipt For: Primary General Other (specify)	Ophthalm		
SUBTOTAL of Receipts This Page (optional) .			1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 94 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) David Craig			Date of Receipt
	Mailing Address PO Box 680 1600 Highway 79 Sou	ıth		08 01 2008
	City	State	Zip Code	Transaction ID: 0932810
	Henderson	TX	75653-0680	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' 	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Russell Crain			Date of Receipt
	Mailing Address Suite B 11011 Hefner Pointe I	Orive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0262530
	Oklahoma City	OK	73120-5005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) William Crane			Date of Receipt
	Mailing Address 500 Old Mill Road			08 15 7 2008
	City	State	Zip Code	Transaction ID: BICRYY648926
	Erie	PA	16505-1035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Г	SUBTOTAL of Receipts This Page (optional) .			980.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 94 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Timothy Crowley Mailing Address Suite 101		(Date of Receipt
	4405 Bellemeade Aver	nue		08 27 2008
	City	State	Zip Code	Transaction ID: F0SNHB317544
	Evansville	IN	47714-0682	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
- s.	Full Name (Last, First, Middle Initial) Thomas Currey			Date of Receipt
	Mailing Address Suite 100-B 1900 Kirby Parkway			08 13 2008
	City	State	Zip Code	Transaction ID: 0817136
	Germantown FEC ID number of contributing federal political committee.	C	38138-3653	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Kjell Dahlen			Date of Receipt
	Mailing Address 450 N Margaret Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Plattsburgh	State NY	Zip Code 12901-1755	Transaction ID: 4DVYER266211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
5	SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS Any information copied from such	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17 con for the purpose of soliciting contributions
or for commercial purposes, other NAME OF COMMITTEE (In Fi	than using the name and ad	dress of any political committee to the committee to the committee (OPHTHPAC)	o solicit contributions from such committee.
Full Name (Last, First, Middle I Richard Davenport Mailing Address Suite 204 2424 S 90			Date of Receipt 0 8 0 8 2 0 0 8
City	State	Zip Code	Transaction ID: 814P0E051327
West Allis	WI	53227-2455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle I			Date of Receipt
Mailing Address Center for 1371 W M	ain Street	7:n Codo	08 11 2008
City Newark	State OH	Zip Code 43055-3676	Transaction ID: 0646335 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45055-5070	365.00
Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle I Daniel Day			Date of Receipt
	en Valley Road #330		08 22 7 2008
City <u>Golden Valley</u>	State MN	Zip Code 55427-4488	Transaction ID: F1ZAJ2275302
FEC ID number of contributing federal political committee.	C	33427-4400	Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Pa	ge (optional)		1865.00
SUBTOTAL of Receipts This Particle TOTAL This Period (last page the	,		1865.

ITEMI	EDULE A (FEC Form 3X) ZED RECEIPTS rmation copied from such Benorts and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for co	mmercial purposes, other than using the DE OF COMMITTEE (In Full) erican Academy of Ophthalmology	name and add	dress of any political committee to	solicit contributions from such committee.
A. Timot	Name (Last, First, Middle Initial) thy Denman ng Address Suite 216 4035 Mercantile Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: BH4WAR657686
Lake	e Oswego	OR	97035-2591	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		1000.00
Name self	e of Employer	Occupatio Ophthalr		Batch Tool - PAC
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
B. Uday	Name (Last, First, Middle Initial) Ravindra Desai ng Address 2334 Heronwood Drive			Date of Receipt 0 8 0 7 2 0 0 8
City		State	Zip Code	Transaction ID: 4G5WIJ051862
•	omfield	MI	48302-0834	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		365.00
Name self	e of Employer	Occupatio Ophthalr		Batch Tool - PAC
Rece	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 365.00	
C. Willia	Name (Last, First, Middle Initial) Im Deutsch Ing Address Suite 918			Date of Receipt
	ng Address Suite 918 1725 West Harrison Str	reet		08 13 2008
City		State	Zip Code	Transaction ID: 0945836
<u>Chic</u>	-	IL	60612-3863	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00 Batch Tool - PAC
self	e of Employer	Occupatio Ophthalr	nologist	Daton 1001 - FAO
Rece	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)			1615.00
	This Period (last page this line number of			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 94 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pring the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Diskin Mailing Address 4499 Town Center	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
City Flint	State Zip Code MI 48532-3425	Transaction ID: F1ZAJ2333063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self	Occupation	500.00 Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Ophthalmologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Nicholas Donas Mailing Address Suite 2M 18 Ashford Avenu	I I	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dobbs Ferry	State Zip Code NY 10522-1824	Transaction ID: 4DVYER228953
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Paul Donzis Mailing Address 4644 Lincoln Bou	levard Suite 102	Date of Receipt
City	State Zip Code	0 8 0 8 2 0 0 8 Transaction ID: 814P0E792345
Marina Del Rey FEC ID number of contributing federal political committee.	CA 90292-6374	Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	nal)	1230.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 94 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Alan Dorfman			Date of Receipt
	Mailing Address 510 West Avenue PO Box 2099			08 15 2008
	City Jenkintown	State PA	Zip Code 19046-2725	Transaction ID: BICRYY395328 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13040 2723	500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Robert Dreher			Date of Receipt
	Mailing Address Maine Coast Eye Car 34 Old County Road	e		08 01 2008
	City	State	Zip Code	Transaction ID: 0734480
	Rockport	ME	04856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00]
	Full Name (Last, First, Middle Initial) Steven Dresner			Date of Receipt
	Mailing Address Suite 301 2121 Wilshire Boulev	ard		08 13 7 2008
	City	State	Zip Code	Transaction ID: 0703648
	Santa Monica FEC ID number of contributing federal political committee.	CA	90403-5743	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 94 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology	inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) William Durant			Date of Receipt
Mailing Address 950 Ryland Street			08 15 2008
City	State	Zip Code	Transaction ID: BICRYY915191
Reno	NV	89502-1605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Daniel Durrie	l		Date of Receipt
Mailing Address Suite 201 5520 College Boulevar	08 13 2008		
City	State	Zip Code	Transaction ID: 0356823
Overland Park	KS	66211-1658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Robert Feldman			Date of Receipt
Mailing Address 160 Boston Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: F1ZAJ2623095
Altamonte Springs	<u>FL</u>	32701-4706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	I		980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	Statements may not be sold or used by any perse name and address of any political committee to y Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marc Fisher Mailing Address 1525 West Hawkins City Kankakee FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State Zip Code IL 60901-5469 C Occupation Ophthalmologist Aggregate Year-to-Date	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Peter Forgach Mailing Address 405 International Driv City Williamsville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14221-5725 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bradley Dean Fouraker Mailing Address Brandon Cataract Ce 403 Vonderburg Drive City Brandon FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)		Date of Receipt M M D D 27 2008
SUBTOTAL of Receipts This Page (optional)		750.00

ITEMIZED RE			Use separate schedule for each category of the Detailed Summary Pag	e(s) e ge	FOR LINE NUMBER: PAGE 24 / 94 check only one) X 11a 11b 11c 12 13 14 15 16 17 or the purpose of soliciting contributions
or for commercial purp	oses, other than using the name	and addres	ss of any political comm	nittee to soli	icit contributions from such committee.
City Northfield FEC ID number of federal political con Name of Employer self Receipt For:	1500 Tilton Road S Contributing nmittee. C Oc Op	ocupation phthalmol	Zip Code 08225-1827 logist ear-to-Date ▼		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Suite 211 4201 Connecticut Avenue No S contributing nmittee.	State OC	Zip Code 20008-1162	00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Find Comments of Example 1) Full Name (Last, Find Comments of Example 1) Full Name (Last, Find Comments of Example 2) Full Name (Last, Find	General y) irst, Middle Initial) 2140 John F Kennedy Rd S I/ contributing	State A	Zip Code 52002-3883	00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer self Receipt For: Primary Other (specif	Oc Op Ag General	ccupation phthalmol	logist ear-to-Date ▼	00	Batch Tool - PAC
	pts This Page (optional)				1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Richard Fuller Mailing Address 3545 Lincoln Way E		Date of Receipt
City	State Zip Code	0 8 2 7 2 0 0 8 Transaction ID: F0SNHB424662
Massillon	OH 44646-8624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Tanya Ghosh	L	Date of Receipt
Mailing Address 493 Santa Barbara Dri	ve	08 22 2008
City	State Zip Code	Transaction ID: BH4W9O557111
Los Altos	CA 94022-3810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gina Gladstein		Date of Receipt
Mailing Address 4 Dearfield Drive		08 08 2008
City	State Zip Code	Transaction ID: 814P0E335336
Greenwich FEC ID number of contributing federal political committee.	CT 06831-5351	Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		815.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		815.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Political Committee (OPHTHPAC)	
<u>/_</u>	Full Name (Last, First, Middle Initial) Jeffrey Goldstein		Date of Receipt
	Mailing Address 12 Horizon Hill Road		08 08 2008
	City	State Zip Code	Transaction ID: 814P0E560144
	Asheville	NC 28804-2430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Roy Goodart		Date of Receipt
	Mailing Address Suite 200 4400 S 700 E		08 / 08 / 2008
	City Salt Lake City	State Zip Code UT 84107-3053	Transaction ID: 814P0E113971
	FEC ID number of contributing federal political committee.	UT 84107-3053	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dana Graichen		Date of Receipt
	Mailing Address 56 Durrells Woods Ro	pad	08 15 2008
	City	State Zip Code	Transaction ID: BICRYY985569
	Arundel FEC ID number of contributing federal political committee.	ME 04046-7503	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .	•	1365.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 94 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Merrill Greenberger			Date of Receipt
	Mailing Address 9630 Kenton	Otata	7'- 0-1-	08 08 2008
	City <u>Skokie</u>	State IL	Zip Code 60076-1216	Transaction ID: 814P0E590141 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
. –	Full Name (Last, First, Middle Initial) Charles Gremillion			Date of Receipt
	Mailing Address Suite A 2400 S McCall Road			08 / 05 / 4 4 4 4
	City	State FL	Zip Code	Transaction ID: 0412253
	Englewood FEC ID number of contributing federal political committee.	C	34224-5136	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) R Thomas Griffey			Date of Receipt
	Mailing Address 7323 Colony Point Ro	oad		0 8 0 4 2 0 0 8
	City Norfolk	State VA	Zip Code 23505-3310	Transaction ID: 4G5W4B854684
	FEC ID number of contributing federal political committee.	C	23303-3310	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1230.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	to solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Political Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Robert Grosserode		Date of Receipt
	Mailing Address PO Box 2539 3747 Sunset Lane		08 27 2008
	City	State Zip Code	Transaction ID: F0SNHB555173
	Antioch	CA 94531-2539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Richard Grostern		Date of Receipt
	Mailing Address 3424 N Leavitt St		08 / 29 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 0DE4AC15-D58E-4A
	Chicago	IL 60618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer self	Occupation Ophthalmologist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) John Guerrero		Date of Receipt
	Mailing Address 2090 Southeast Ocea Stuart Eye Institute		08 15 7 9 9 9
	City	State Zip Code	Transaction ID: BICRYY225147
	Stuart	FL 34996	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1	1365.00

	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
A or	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Political	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Dennis Han			Date of Receipt
	Mailing Address 925 N 87th Street	Ctata	7in Code	08 22 2008
	City Milwaukee	State WI	Zip Code 53226-4812	Transaction ID: F1ZAJ2576688 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33220-4012	250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	, ' · · · · · · · · · · · · · · · · · · 	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Roger Harrie	1		Date of Receipt
	Mailing Address 5095 Boabab Court			08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: BH4W9O328596
	Salt Lake City FEC ID number of contributing federal political committee.	C	84117-6883	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
 c.	Full Name (Last, First, Middle Initial) Christopher Haupert			Date of Receipt
	Mailing Address Suite 133 1501 50th Street			08 01 2008
	City West Des Moines	State IA	Zip Code 50266-5920	Transaction ID: 4I0TLM348699 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30200-3920	365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
[SUBTOTAL of Receipts This Page (optional)			1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(crieck drilly drie)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. AC)
Full Name (Last, First, Middle Initial) Robert Haverly Mailing Address Suite 301 311 W 24th Street City Erie FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	State Zip Code PA 16502-2666 C Occupation Ophthalmologist	Date of Receipt M M M O D D O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 365.0	10
Anjali Hawkins Mailing Address Geneve Eye Clinic - S 302 Randall Road City	State Zip Code	Date of Receipt M
Geneva FEC ID number of contributing federal political committee. Name of Employer self	C Occupation	Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Ophthalmologist Aggregate Year-to-Date ▼ 365.0	00
Full Name (Last, First, Middle Initial) Richard Hawkins Mailing Address 1729 New Hanover M	edical Park Driv	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilmington FEC ID number of contributing federal political committee.	State Zip Code NC 28403-5345	Transaction ID: 4f73b0d2e993419c84at Amount of Each Receipt this Period 50.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.0	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
SUBTOTAL of Receipts This Page (optional) .		780.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Sarah Hays	,	Date of Receipt
Mailing Address 1 W Lakeshore Dr Ste 220		08 / 08 / 2008
City Birmingham	State Zip Code AL 35209-7271	Transaction ID: 4c52a5b20688b68b Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYME NT APPROVED AND SETTLED
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Alan Hefner Mailing Address Suite A		Date of Receipt
40W330 Lafox Road		08 15 2008
City St. Charles	State Zip Code IL 60175-6515	Transaction ID: BICRYY292396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Thomas Henderson		Date of Receipt
Mailing Address Suite 140 3410 Far West Boule	evard	0 8 2 2 2 0 0 8
City Austin	State Zip Code TX 78731-3167	Transaction ID: BH4W9O455486
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)	•	980.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/94 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	gy Inc Politica	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) John Herlihy			Date of Receipt
Mailing Address 4560 S Glenview Pla	M M / D D / Y Y Y Y Y O N O N O N O N O N O N O N O		
City Rapid City	State SD	Zip Code 57702-6804	Transaction ID: 0489444 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37702-0004	365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Luis Hernandez			Date of Receipt
Mailing Address Torre San Pablo 902 68 Calle Santa Cruz	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Bayamon	State PR	Zip Code 00961-7032	Transaction ID: 4G5W4B542829 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00301-7032	200.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) George Hilts			Date of Receipt
Mailing Address 200 S 5th Street			08 13 2008
City Bismarck	State ND	Zip Code 58504-5675	Transaction ID: 0056510 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30304 3073	365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	_ , ' · · · 	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			930.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Philip Horowitz Mailing Address Blason Plaza 509 South Lenola Ro City Moorestown FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State NJ C Occupatio Ophthalr		Date of Receipt M M D D 2008 Transaction ID: 0045246 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
- В.	Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Street City Boston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State MA C Occupatio Ophthalr Aggregate		Date of Receipt M M D D D 2 0 0 8
С.	Full Name (Last, First, Middle Initial) W Jackson liff Mailing Address Rear 7 4 W Rolling Crossroa City Catonsville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MD C Occupatio Ophthalr		Date of Receipt M M M O O O O O O O O O O O O O O O O
	SUBTOTAL of Receipts This Page (optional)			1166.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 94 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۱.	Full Name (Last, First, Middle Initial) Douglas Jabs			Date of Receipt
	Mailing Address Box 1183 1 Gustave L Levy Pla	ce		08 01 2008
	City	State	Zip Code	Transaction ID: 4I0TLM271865
	New York	NY	10029-0312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Steven Jackson			Date of Receipt
	Mailing Address Suite 101 201 E 5900 S			08 22 2008
	City	State	Zip Code	Transaction ID: BH4W9O728143
	Salt Lake City	UT	84107-5428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr		Batti 1001 - FAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Gordon Johns	Date of Receipt		
	Mailing Address 2517 Northeast Kresk	ky Avenue		08 07 7 2008
	City	State	Zip Code	Transaction ID: 4G5WIJ467716
	Chehalis	WA	98532-2409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr	mologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1665.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 94 (check only one) X 11a
A C	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) David Johnson Mailing Address Suite 101 10619 N Hayden Road	I		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: F1ZAJ2872423
	Scottsdale	AZ	85260-8510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Carol Johnston			Date of Receipt
	Mailing Address 6 Office Park Drive			08 01 2008
	City	State	Zip Code	Transaction ID: 0834504
	<u>Jacksonville</u>	NC	28546-7325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Eric Kanter			Date of Receipt
	Mailing Address 349 E Northfield Road			08 / 20 / Y Y Y Y Y Y 2008
	City	State	Zip Code	Transaction ID: 4DVYER524201
	Livingston	NJ	07039-4802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr	nologist	Datcii 1001 - FAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1230.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
∠ A .	Full Name (Last, First, Middle Initial) Laurence Karns			Date of Receipt
	Mailing Address 6407 Frank Avenue No	orthwest		08 22 7 2008
	City	State	Zip Code	Transaction ID: F1ZAJ2047435
	North Canton	OH	44720-7263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
— В.	Full Name (Last, First, Middle Initial) Joseph Kavanagh	Date of Receipt		
	Mailing Address Eye Associates of Seq 128 S Moss Street Suit	0 8 1 5 2 0 0 8		
	City	State	Zip Code	Transaction ID: BICRYY511213
	Seguin	TX	78155-5127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr		Balcii 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ С.	Full Name (Last, First, Middle Initial) F Randall Kirchner			Date of Receipt
	Mailing Address 1455 E Bert Kouns Loc	08 27 2008		
	City	State	Zip Code	Transaction ID: BH4WAR420031
	Shreveport	LA	71105-5634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00]
	SUBTOTAL of Receipts This Page (optional)			850.00
卜	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 94 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Stephen Knight			Date of Receipt
	Mailing Address 930 Springdale Road	Northeast		08 13 2008
	City	State	Zip Code	Transaction ID: 0764925
	Atlanta	GA	30306-2628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	1
_	Full Name (Last, First, Middle Initial) Nicholas Kokoris Mailing Address 7749 South Painter Av	(Onlio		Date of Receipt
	Walling Address 7749 South Fainter Av	08 28 2008		
	City	State	Zip Code	Transaction ID: F0SN69753711
	Whittier	CA	90602-2411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) W Stephen Ku	I		Date of Receipt
	Mailing Address Suite 200 1850 Lakepointe Drive)		08 29 2008
	City	State	Zip Code	Transaction ID: F0SNEW441558
	<u>Lewisville</u>	TX	75057-6443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 94 (check only one) X
c c	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Teofil Kulyk			Date of Receipt
	Mailing Address 105 Southern Oak Dri	ve		08 / 27 / 2008
	City Plant City	State FL	Zip Code 33563-1451	Transaction ID: F0SNHB422950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	- ' ' 	e Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Adrian Lavina			Date of Receipt
	Mailing Address Suite 220 3399 Pga Boulevard			08 / 13 / 2008
	City Palm Beach Gardens	State FL	Zip Code	Transaction ID: 0815585
	FEC ID number of contributing federal political committee.	C	33410-2804	Amount of Each Receipt this Period 1500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
_	Full Name (Last, First, Middle Initial) Paul Lee			Date of Receipt
	Mailing Address Dumc Box 3802 2351 Erwin Road			08 05 YYYYY 2008
	City Durham	State NC	Zip Code	Transaction ID: 0787832
	FEC ID number of contributing federal political committee.	C	27702-3802	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		3000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to you for the property of the political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jay Leemaster Mailing Address Suite 101 520 S Telephone Roa City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code OK 73160-5424 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jason Levine Mailing Address 5790 N Camino De L City Tucson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	a Sombra State Zip Code AZ 85718-3919 C Occupation Ophthalmologist Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) David Lewis Mailing Address 825 Glenwood Terrac City Anniston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code AL 36207-5846 C Occupation Ophthalmologist Aggregate Year-to-Date 365.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		965.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A oi	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Monique Leys			Date of Receipt
	Mailing Address PO Box 9193			08 / 05 / 2008
	City	State WV	Zip Code	Transaction ID: 0238731
	Morgantown FEC ID number of contributing federal political committee.	C	26506-9193	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Ophthalr Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Solomon C Luo			Date of Receipt
	Mailing Address 201 E Laurel Bouleva	0 8 1 1 2 0 0 8		
	City	State	Zip Code	Transaction ID: 0734914
	Pottsville	<u>PA</u>	17901-2534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Linda Margulies			Date of Receipt
	Mailing Address C/O Ophthalmology I 150 Muir Road	Department (112L	M M / D D / Y Y Y Y Y Y O D D D D D D D D D D D D D
	City Martinez	State CA	Zip Code 94553-4668	Transaction ID: 0803222
	FEC ID number of contributing federal political committee.	C	94333-4000	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	_ , ' _ `	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1095.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 94 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Stephen Martin			Date of Receipt
	Mailing Address PO Box 785			08 27 2008
	City Presque Isle	State ME	Zip Code 04769-0785	Transaction ID: F0SNHB634511 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04700 0700	500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	, ' · · · · · · · · · · · · · · · · · · 	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Jose Agustin Martinez			Date of Receipt
	Mailing Address 801 W 38th Street	08 08 2008		
	City	State	Zip Code	Transaction ID: 814P0E897420
	Austin	TX	78705-1167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Ann McColgin			Date of Receipt
	Mailing Address 4611 N Calle Altivo			08 20 YYYY 2008
	City	State	Zip Code	Transaction ID: 4DVYER313296
	Tucson FEC ID number of contributing federal political committee.	C	85718-5810	Amount of Each Receipt this Period 300.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each o	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 42 / 94 (check only one) X 11a 11b 11c 12 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any p	political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Fred McMillan Mailing Address 1421 N. State Street City Jackson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Cod MS 39202 C Occupation Ophthalmologist Aggregate Year-to-Date		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Carl Migliazzo Mailing Address 7504 Antioch Road City Overland Park FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Cod KS 66204-7 C Occupation Ophthalmologist Aggregate Year-to-Date	2622	Date of Receipt M M O 7 2008 Transaction ID: 4G5WIJ857788 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
_ С.	Full Name (Last, First, Middle Initial) Michael Edward Migliori Mailing Address Suite 301 120 Dudley Street City Providence FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Cod RI 02905-3 C Occupation Ophthalmologist Aggregate Year-to-Date	2429	Date of Receipt M M O 4 2008 Transaction ID: 4b8281c738624315500 Amount of Each Receipt this Period 250.00 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional))	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 94 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	Statements may not be sold or used by any perse name and address of any political committee by Inc Political Committee (OPHTHPAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Glenn Moyer Mailing Address 804 Delaware Avenue City Bethlehem FEC ID number of contributing federal political committee.	State Zip Code PA 18015-1178	Date of Receipt M M
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	Batch Tool - PAC
Full Name (Last, First, Middle Initial) Dugald Munro Mailing Address 1525 Wampanoag Tr	ail	Date of Receipt M
City	State Zip Code	Transaction ID: BH4W9O076643
East Providence FEC ID number of contributing federal political committee.	RI 02915-1038	Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) George Nardin		Date of Receipt
Mailing Address Suite 214 407 Uluniu Street City	State Zip Code	08
Kailua	State Zip Code HI 96734-2537	Transaction ID: 814P0E178469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	-	1615.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 94 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Neville Mailing Address Room 221 970 W Wooster Street City Bowling Green	t State OH	Zip Code 43402-2662	Date of Receipt 0 8 Transaction ID: BICRYY992716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Occupation Ophthalr Aggregate		Batch Tool - PAC
Full Name (Last, First, Middle Initial) T Michael Nork Mailing Address 600 Highland Avenue City Madison FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State WI C Occupatio Ophthalr		Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Sara O'Connell Mailing Address 7504 Antioch Road City Overland Park FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State KS C Occupatio Ophthalr Aggregate		Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)			1615.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS ny information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 11: For for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Stephen Obstbaum Mailing Address 121 E 60th Street			Date of Receipt
	City New York	State NY	Zip Code 10022-1117	Transaction ID: 4G5W4B267913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalr Aggregate		Batch Tool - PAC
 3.	Full Name (Last, First, Middle Initial) Michael Orr Mailing Address 8103 Clearvista Parkw	vay		Date of Receipt 0 8 2 2 2 0 0 8
	City	State	Zip Code	Transaction ID: F1ZAJ2085566
	Indianapolis FEC ID number of contributing federal political committee.	C	46256-5628	Amount of Each Receipt this Period 365.00
	Name of Employer self Receipt For: Primary General Other (specify)	Occupation Ophthalr Aggregate		Batch Tool - PAC
 >.	Full Name (Last, First, Middle Initial) Laura Pallan Mailing Address 807 Timber Lane			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0834687
	Sewickley FEC ID number of contributing federal political committee.	PA C	15143-8962	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
5	SUBTOTAL of Receipts This Page (optional)	1		1230.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 94 (check only one) X
A O	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) John Panton Mailing Address 7740 North Avenue			Date of Receipt
	City	State IL	Zip Code	0 8 2 0 2 0 0 8 Transaction ID: 4DVYER209863
	Elmwood Park FEC ID number of contributing federal political committee.	C	60707-4124	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Gerardo Parada Mailing Address Suite 230			Date of Receipt
	130 Vann Street North		Zip Code	08 29 2008
	Marietta	State GA	30060-7230	Transaction ID: F0SNEW863903 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30000-7230	365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Robert Park			Date of Receipt
	Mailing Address 1701 Old Village Road			08 11 2008
	City	State	Zip Code	Transaction ID: 0636373
	Hendersonville	NC	28791-3772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee t logy Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J Louis Pecora Mailing Address 605 Stonehedge D	rive	Date of Receipt
City Vestal	State Zip Code NY 13850-2917	Transaction ID: 4DVYER322493 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Batch Tool - PAC
Full Name (Last, First, Middle Initial) Ron Pelton Mailing Address Suite 309 455 E Pikes Peak	Avenue	Date of Receipt 0 8 0 8 2 0 0 8
City	State Zip Code	Transaction ID: 814P0E026923
Colorado Springs	CO 80903-3674	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) John Pollack		Date of Receipt
Mailing Address Illinois Retina Asso 300 Barney Dr., Su	uite D	08 08 2008
City Joliet	State Zip Code IL 60435	Transaction ID: 814P0E345472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)	880.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Seth David Potash		Date of Receipt
Mailing Address 170 Maple Avenue		08 27 7 2008
City	State Zip Code	Transaction ID: BH4WAR127626
White Plains	NY 10601-4710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Andrew Prince		Date of Receipt
Mailing Address 178 East 71st Street		08 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35485982-3A90-41C2
New York	NY 10021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Brian Ranelle		Date of Receipt
Mailing Address 1872 Norwood Drive		08 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 0523581
Hurst	TX 76054-3066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
CURTOTAL of Descirte This Desc (entional)		1365.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 94 (check only one) X
C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) David Ranz			Date of Receipt
	Mailing Address 171 Heritage Park Dr	ive		08 29 2008
	City	State	Zip Code	Transaction ID: F0SNEW168426
	Murfreesboro	TN	37129-1573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ 3.	Full Name (Last, First, Middle Initial) Christopher Rapuano			Date of Receipt
	Mailing Address Wills Eye Hospital 840 Walnut Street Su	iite 920		08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: F1ZAJ2719216
	Philadelphia	PA	19107-5109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr		Datel 1001-1 AC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
- ;.	Full Name (Last, First, Middle Initial) Annette Reda			Date of Receipt
	Mailing Address Suite 101 885 Kempsville Rd., A			08 11 2008
	City Norfolk	State VA	Zip Code	Transaction ID: 0956811
	FEC ID number of contributing federal political committee.	C	23502	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Γ	SUBTOTAL of Receipts This Page (optional).	1		1730.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	itatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Michael Redmond Mailing Address 231 Windermere Bould	nuard		Date of Receipt
	Walling Address 231 Willdeliffere Boule	zvaru		08 20 2008
	City	State	Zip Code	Transaction ID: 4DVYER530162
	Alexandria	LA	71303-3538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Ann Renucci			Date of Receipt
	Mailing Address Suite 130 1000 E Paris Avenue S			08 / 01 / Y Y Y Y Y Y 2008
	City Grand Rapids	State MI	Zip Code	Transaction ID: 0600613
	FEC ID number of contributing federal political committee.	C	49546-3680	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Adam Reynolds			Date of Receipt
	Mailing Address 1438 N Ellington Place	•		08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: BICRYY585380
	Eagle FEC ID number of contributing	C	83616-4078	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	, ' ' ' 	e Year-to-Date ▼ 365.00	
Г		1		1730.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 94 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) James Richmond			Date of Receipt
	Mailing Address 932 Spring Creek Roa	ad 		08 / 22 / 2008
	City Chattanooga	State TN	Zip Code 37412-3910	Transaction ID: BH4W9O402211
	FEC ID number of contributing federal political committee.	C	37412-3910	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' ' 	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Chester Ridenour	<u> </u>		Date of Receipt
	Mailing Address 398 Highgate Avenue			0 8 1 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 0878180
	Worthington	OH	43085-3019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr		Datcii 100i - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
. –	Full Name (Last, First, Middle Initial) Fane Robinson			Date of Receipt
	Mailing Address 550 Washington Stre Suite 723	et		0 8 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: BH4WAR376067
	San Diego FEC ID number of contributing federal political committee.	CA	92103-2232	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Γ	SUBTOTAL of Receipts This Page (optional)	l		1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personant sand address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) John Robinson		Date of Receipt
Mailing Address 501 E Macarthur Stree	et	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4G5W4B101856
Shawnee	OK 74804-2201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Paul Rosenberg	I	Date of Receipt
Mailing Address Ocusight Eye Care Ce 1015 Ridge Road	enter	M M / D D / Y Y Y Y Y Y 2008
City	State Zip Code	Transaction ID: F1ZAJ2921229
Webster	NY 14580-2907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Harold Ross	1	Date of Receipt
Mailing Address 738 Pre Emption Roa	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 814P0E779613
<u>Geneva</u>	NY 14456-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
CURTOTAL of Descipts This Desc (options)		1300.00
SUBTOTAL of Receipts This Page (optional)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 94 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۱.	Full Name (Last, First, Middle Initial) Brian Paul Roth			Date of Receipt
	Mailing Address 1022 West Ivy			08 28 2008
	City Moses Lake	State WA	Zip Code 98837-4107	Transaction ID: F0SN69778383 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) David Rozas			Date of Receipt
	Mailing Address Suite 101 5 Saint Vincent Circle			08 / 13 / 2008
	City Little Rock	State AR	Zip Code	Transaction ID: 0680073
	FEC ID number of contributing federal political committee.	C	72205-5415	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Mark Ruchman			Date of Receipt
ı	Mailing Address 43 Ferry Bridge Road			0 8 2 2 2 0 0 8
	City	State CT	Zip Code	Transaction ID: F1ZAJ2074532
	Washington FEC ID number of contributing federal political committee.	C	06793-1405	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1865.00

Mailing Address 73 Chatham Street	Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Frank Rybum Mailing Address 3420 23 Street City State Zip Code Lubbock TX 79410-1322 FEC ID number of contributing federal political committee. Name of Employer self City State Zip Code Primary General Other (specify) Pull Name (Last, First, Middle Initial) B. Date of Receipt time Period City State Zip Code Brookline MA 02446-5451 FEC ID number of contributing federal political committee. City State Zip Code Brookline MA 02446-5451 FEC ID number of contributing federal political committee. City State Zip Code Brookline MA 02446-5451 FEC ID number of contributing federal political committee. City State Zip Code PACWEB RECURRING CC PAYM NT APPROVED AND SETTLED City General Other (specify) Primary Genera		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	ldress of any political committee t	o solicit contributions from such committee.
Primary	∠ A .	Frank Ryburn Mailing Address 3420 23 Street City Lubbock FEC ID number of contributing federal political committee. Name of Employer self	TX C Occupation Ophthali	79410-1322 on mologist	Transaction ID: 4G5W4B310584 Amount of Each Receipt this Period 365.00
B. Delia Sang Malling Address 73 Chatham Street City State Zip Code Brookline MA 02446-5451 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ C. Davis/Department Ophthalmology 4860 Y Street Suite 2400 City State Zip Code MA 02446-5451 Frimary General Other (specify) ▼ C. Davis/Department Ophthalmology 4860 Y Street Suite 2400 City State Zip Code Sacramento CA 95817 FEC ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Primary General Ophthalmology 4860 Y Street Suite 2400 City State Zip Code Sacramento CA 95817 FEC ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Primary General Ophthalmologist Aggregate Year-to-Date ▼ State Sip Code Stat	_	Primary General Other (specify) ▼	Aggregati		
FEC ID number of contributing federal political committee. Name of Employer self Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Nan Schwab Mailing Address Uc Davis/Department Ophthalmology 4860 Y Street Suite 2400 City Sacramento CA 95817 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Name of Employer Self Occupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Occupation Ophthalmologist Receipt For: Occupation Ophthalmologist Receipt For: Occupation Ophthalmologist Receipt For: Occupation Ophthalmologist Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ State Sip Code Source Self Source Se	В.	Delia Sang Mailing Address 73 Chatham Street City		·	0 8 1 1 2 0 0 8 Transaction ID: 444491a6fe97c3926e5b
Receipt For:		FEC ID number of contributing federal political committee. Name of Employer	C	on	416.66 PACWEB RECURRING CC PAYME-
Mailing Address Uc Davis/Department Ophthalmology 4860 Y Street Suite 2400 City State Zip Code Sacramento CA 95817 FEC ID number of contributing federal political committee. Name of Employer self Primary General Other (specify) ▼ Other (specify) ▼ Date of Receipt M M M 0 8 2 2 2 2 0 0 8 Transaction ID: F1ZAJ2541651 Amount of Each Receipt this Period Batch Tool - PAC		Primary General	-, ' ' '	e Year-to-Date ▼	
Sacramento FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Doccupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 Amount of Each Receipt this Period Batch Tool - PAC	С. С.	Ivan Schwab Mailing Address Uc Davis/Department		ogy	M M / D D / Y Y Y Y
Name of Employer self Occupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Sacramento FEC ID number of contributing	CA	·	Amount of Each Receipt this Period
Primary General Other (specify) ▼ 500.00		Name of Employer self	Ophthali	mologist	Batch Tool - PAC
1201 66			33 13 11		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			1281.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 94 (check only one) X
4	any information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Donald Schwartz			Date of Receipt
	Mailing Address Suite 108 2650 Elm Avenue			08 04 2008
	City	State	Zip Code	Transaction ID: 4G5W4B313365
	Long Beach	CA	90806-1600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 665.00	
_	Full Name (Last, First, Middle Initial) Halsey Settle			Date of Receipt
	Mailing Address Suite 305 4207 James Casey St	reet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0515586
	Austin	TX	78745-1193	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial) William Shachtman			Date of Receipt
	Mailing Address 1725 E Prospect Road	d		08 20 2008
	City	State	Zip Code	Transaction ID: 4DVYER948172
	Fort Collins	CO	80525-1307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr	mologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
Г	SUBTOTAL of Receipts This Page (optional) .			965.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(separate schedule(separate schedule) for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		person for the purpose of soliciting contributions ttee to solicit contributions from such committee. AC)
Full Name (Last, First, Middle Initial) Chirag Shah Mailing Address Building 3 3100 Princeton Pike City Lawrenceville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code NJ 08648-2300 C Occupation Ophthalmologist Aggregate Year-to-Date 500.0	Date of Receipt M
Full Name (Last, First, Middle Initial) Shahin Shahinfar Mailing Address 4578 Pine Tree court City Westerville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Ophthalmologist Aggregate Year-to-Date 500.0	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Steven Marc Silverstein Mailing Address Suite 1000 4240 Blue Ridge Bould City Kansas City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MO 64133-1754 C Occupation Ophthalmologist Aggregate Year-to-Date 565.0	Date of Receipt M M O 1
SUBTOTAL of Receipts This Page (optional)		1365.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Sidney Simonian Mailing Address 27483 Dequindre Suite	e 303B		Date of Receipt
				08 01 2008
	City Madison Heights	State MI	Zip Code	Transaction ID: 410TLM926362
	Madison Heights FEC ID number of contributing federal political committee.	C	48071-5715	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_ В.	Full Name (Last, First, Middle Initial) Eric Smith	ı		Date of Receipt
	Mailing Address Suite 2-C 135 W Ravine Road			08 11 2008
	City	State	Zip Code	Transaction ID: 0139392
	Kingsport FEC ID number of contributing federal political committee.	C	37660-3847	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Jodi Smith			Date of Receipt
	Mailing Address 940 N Loraine Avenue			08 28 2008
	City	State	Zip Code	Transaction ID: F0SN69244189
	Glendora FEC ID number of contributing federal political committee.	CA	91741-2374	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any per e name and address of any political committee y Inc Political Committee (OPHTHPAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L Douglas Smith Mailing Address 10 Vision Lane City Natchez FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MS 39120-4607 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Snip Mailing Address Haciende De Salud 4775 Hamilton Wolfe City San Antonio FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Road Building State Zip Code TX 78229 C Occupation Ophthalmologist Aggregate Year-to-Date 750.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mi-Kyoung Song Mailing Address 13515 Embudito View City Albuquerque FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Court Northeas State Zip Code NM 87111-9202 C Occupation Ophthalmologist Aggregate Year-to-Date 1000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	2115.00

A. Friday Minimum Mini	AME OF COMMITTEE (In Full) merican Academy of Ophthalmology ull Name (Last, First, Middle Initial) errill Stass-Isern ailing Address 11735 W 144th Terrac ity Diathe EC ID number of contributing deral political committee. ame of Employer eceipt For: Primary General	e State KS Occupatio Ophthalr	I Committee (OPHTHPAC) Zip Code 66062-8425	Date of Receipt Date of Receipt Transaction ID: F0SNHB721436 Amount of Each Receipt this Period Batch Tool - PAC
A. MM C C C Fine	errill Stass-Isern ailing Address 11735 W 144th Terrac ity Dathe EC ID number of contributing deral political committee. ame of Employer elf eceipt For: Primary General	State KS C Occupation Ophthalr	66062-8425	Transaction ID: F0SNHB721436 Amount of Each Receipt this Period 365.00
C C FI fe	ity Plathe EC ID number of contributing deral political committee. ame of Employer elf ecceipt For: Primary General	State KS C Occupation Ophthalr	66062-8425	Transaction ID: F0SNHB721436 Amount of Each Receipt this Period 365.00
Fl fe N se	EC ID number of contributing deral political committee. ame of Employer eceipt For: Primary General	Occupation Ophthalr	n	Amount of Each Receipt this Period 365.00
fe N so	deral political committee. ame of Employer elf eceipt For: Primary General	Occupation Ophthalr		
S	eceipt For: Primary General	Ophthalr		Batch Tool - PAC
	Primary General			İ
R	Other (specify)	0 0	e Year-to-Date ▼ 365.00	
B. P	ull Name (Last, First, Middle Initial) aul Steinkuller ailing Address 2047 McClendon Stree	.t		Date of Receipt
	amig / ida coo 204/ Micole Idolf Stree	08 01 2008		
	ity	State	Zip Code	Transaction ID: 0915118
<u> </u>	ouston	TX	77030-2114	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		500.00 Batch Tool - PAC
S	ame of Employer elf	Occupation Ophthalr		Balcii 100i - FAC
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) nomas Stevens			Date of Receipt
M	ailing Address 655 Medical Center Dri		st	08 / 13 / Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 0756047
FI	alem EC ID number of contributing deral political committee.	OR	97301-2751	Amount of Each Receipt this Period 1000.00
	ame of Employer elf	Occupation Ophthalr		Batch Tool - PAC
R	eceipt For: Primary General Other (specify)		e Year-to-Date ▼ 1000.00	
SUE	STOTAL of Receipts This Page (optional)			1865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 94 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any persename and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Wells Stewart Mailing Address 177 Parkwood Drive City Elkin FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State Zip Code NC 28621-2429 C Occupation Ophthalmologist Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jonathan Stock Mailing Address 703 14th Street City Baraboo FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State Zip Code WI 53913-1538 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Brad Stuckenschneider Mailing Address 3398 Legacy Drive City Poplar Bluff FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MO 63901-8661 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M D D 2008 Transaction ID: 0256438 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional)	,	1115.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 94 (check only one) X					
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)						
۸.	Full Name (Last, First, Middle Initial) Alan Sugar Mailing Address 1000 Wall Street			Date of Receipt					
				08 28 2008					
	City Ann Arbor	State MI	Zip Code 48105-1912	Transaction ID: F0SN69362672 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00						
- 3.	Full Name (Last, First, Middle Initial) Donna Talluto			Date of Receipt					
	Mailing Address Suite 300 1222 S Patterson Boulevard			08 07 2008					
	City	State	Zip Code	Transaction ID: 4G5WIJ713895					
	Dayton FEC ID number of contributing federal political committee.	C	45402-2643	Amount of Each Receipt this Period 365.00					
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00						
	Full Name (Last, First, Middle Initial) John Teahan			Date of Receipt					
	Mailing Address 7110 Wyoming North	east		08 27 2008					
	City	State	Zip Code	Transaction ID: F0SNHB087485					
	Albuquerque FEC ID number of contributing federal political committee.	C	87109-4867	Amount of Each Receipt this Period 500.00					
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC					
	Receipt For: Primary General Other (specify) ▼	_ ' ' '	e Year-to-Date ▼ 500.00						
	SUBTOTAL of Receipts This Page (optional) .	1		1115.00					

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 94 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		•	
Full Name (Last, First, Middle Initial) Hiralal Tekwani			Date of Receipt
Mailing Address 9911 Kennerly Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City St. Louis	State MO	Zip Code 63128-2700	Transaction ID: F1ZAJ2626507 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Garry Thomas			Date of Receipt
Mailing Address 47 Cabot Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesterbrook	State PA	Zip Code 19087-5620	Transaction ID: F1ZAJ2144546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13007 3020	500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	- ' 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gregory Lee Thorgaard			Date of Receipt
Mailing Address 135 Deppe Lane			08 08 2008
City Ottumwa	State IA	Zip Code 52501-1218	Transaction ID: 814P0E965433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	323011210	365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	_ , ' _ ·	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 94 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) E Winston Trice Mailing Address 400 Westhampton S City Richmond		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Batch Tool - PAC
Full Name (Last, First, Middle Initial) Charles Tucker Mailing Address 4008 Birkshire Heigh City Fort Mill FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State Zip Code SC 29708-8940 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Karen Ullian Mailing Address 1548 Ashley River Receipt For:	State Zip Code SC 29407-5296 C Occupation Ophthalmologist	Date of Receipt M M M
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 2000.00	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any pe	FOR LINE NUMBER: PAGE 64 / 94 (check only one) X	
or for commercial purposes, other than usin	ology Inc Political Committee (OPHTHPAC	to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Paul Urrea Mailing Address Suite 301	lovord	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
850 S Atlantic Bou	State Zip Code	Transaction ID: BICRYY326371	
Monterey Park	CA 91754-6710	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) James Vander Mailing Address 910 E Willow Grov	ve Avenue	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
011	0:		
City	State Zip Code PA 19038-7910	Transaction ID: 814P0E621663	
Wyndmoor FEC ID number of contributing federal political committee.	PA 19038-7910	Amount of Each Receipt this Period	
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) David Verdier		Date of Receipt	
Mailing Address Suite 130 1000 E Paris Aver	nue Southeast State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Grand Rapids	MI 49546-3680	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	365.00	
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
	nal)	1615.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 94 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Mark Volpicelli			Date of Receipt
	Mailing Address Suite 100 1174 Castro Street			08 22 2008
	City	State	Zip Code	Transaction ID: F1ZAJ2114116
	Mountain View	CA	94040-2572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	7
	Full Name (Last, First, Middle Initial) William Wagnon			Date of Receipt
	Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B			08 15 7 2008
	City	State	Zip Code	Transaction ID: BICRYY557769
	Lufkin	TX	75904-5666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	730.00	
	Full Name (Last, First, Middle Initial) William Thomas Walton			Date of Receipt
	Mailing Address 13919 Bluff Wind			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0934583
	San Antonio	TX	78216-7923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
	UBTOTAL of Receipts This Page (optional)			780.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 94 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to gy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Thomas Peter Ward Mailing Address 18 Old Stone Crossii	ng	Date of Receipt
City	State Zip Code	0 8 2 9 2 0 0 8 Transaction ID: f279d901ffe4e467da
West Hartford	CT 06117-1859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas White		Date of Receipt
Mailing Address 1701 S Minnesota Av	venue	08 08 2008
City	State Zip Code	Transaction ID: 814P0E885873
Sioux Falls	SD 57105-1751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Paul Wiesner		Date of Receipt
Mailing Address Unit B 1800 E Pavilion Plac	e	08 20 7 2008
City	State Zip Code	Transaction ID: 4DVYER607269
Montrose FEC ID number of contributing federal political committee.	CO 81401-5499	Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1550.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 94 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Joseph Wilhelm			Date of Receipt
	Mailing Address 702 W Lake Lansing	08 / 20 / Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 4DVYER543773
	East Lansing	MI	48823-8526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	 	e Year-to-Date ▼ 500.00	1
_ 3.	Full Name (Last, First, Middle Initial) Richard Wilson			Date of Receipt
	Mailing Address 243 Beech Hill Road			08 31 2008
	City	State	Zip Code	Transaction ID: 412340BB-A074-4839
	Wynnewood	<u>PA</u>	19096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) George Wyhinny			Date of Receipt
-	Mailing Address 1875 W Dempster			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 814P0E755238
	Park Ridge	<u>IL</u>	60068-1186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	_ ' ' '	e Year-to-Date ▼ 500.00	
Γ		1		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 94 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any perse name and address of any political committee to y Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Wade Earle Young Mailing Address 60 Ashwood Drive City Tiffin FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code OH 44883-1908 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 1 1 2 0 0 8 Transaction ID: 0327368 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) David Deok Yu Mailing Address Suite 340 10 Congress Street City Pasadena FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code CA 91105-3020 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stewart Lee Zuckerbrod Mailing Address Suite 101 5420 Dashwood Drive City Houston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code TX 77081-5333 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M M O B O B 2008 Transaction ID: 814P0E887428 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional) .		1250.00
TOTAL This Period (last page this line number	r only)	86218.32

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 94							
			Use separate schedule(s) for each category of the	(check only one)							
	ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12							
			Detailed Carrinary Fage	13 14 15 16 🔀 17							
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	American Academy of Ophthalmology	Inc Politica	Committee (OPHTHPAC)								
Α.	Full Name (Last, First, Middle Initial) Bank of America			Date of Receipt							
	Mailing Address 101 S Marengo Avenue 3rd Floor)		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 2826d86324f1014bf60							
	<u>Pasadena</u>	CA	91101	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1386.90							
	·	1.		CD interest - Jul08							
	Name of Employer	Occupation	n	S Interest Gales							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1386.90								
В.	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Date of Receipt							
	Mailing Address PO Box 63020			0 8 3 1 2 0 0 8							
	City	State	Zip Code	Transaction ID: d2f38cbc3d8e2294d09							
	San Francisco	CA	94163	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1073.10							
	Name of Employer	Occupation	n	Bank interest 8/08							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 12673.61								

SUBTOTAL of Receipts This Page (optional)	•	2460.00
TOTAL This Period (last page this line number only)	<u> </u>	2460.00

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 70 / 94 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Transaction ID: 1b2f8d81a879975794e Wells Fargo Bank N.A. Date of Disbursement 3 1 0 8 2008 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94163 576.61 Purpose of Disbursement Amex discount 8/08 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: b22dd4344969f9ecaf3 Wells Fargo Bank N.A. Date of Disbursement 3 1 0 8 2008 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco 94163 CA 1137.09 Purpose of Disbursement Bank charges 8/08 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1713.70
TOTAL This Period (last page this line number only)	•	1713.70

Other (specify)

State:

		Use separate schedule(s))K LINE neck only		л.			AGL	/1 / 9	/ -1
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b	24 280		25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar											
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political Committee (O	PHTH	HP/	AC)							
<u></u>	Full Name (Last, First, Middle Initial) Adler for Congress Mailing Address 14 Knightswood Drive					Date	of Dis	burse	8565 ment 7		34710 0 0 8	
	City Marlton	State Zip Code NJ 08053				Amou	ınt of I	Each	Disburs	emen	t this F	eriod
	Purpose of Disbursement Contribution General Candidate Name John H. Adler		Ca		ory/	L.	-			50	00.00)
		sement For: 2008 Primary X General Other (specify) ▼	<u> </u>	Тур	e							
	Full Name (Last, First, Middle Initial) Battle Born Political Action Committee Mailing Address PO Box 370386					Date	sactio of Dis				54968 0 0 8	
	Suite 300 City Las Vegas Purpose of Disbursement	State Zip Code NV 89137				Amou	int of I	Each	Disburs		t this F	
	Contribution Candidate Name		C	01 ateg Typ	ory/							
	Senate	sement For: 2008 Primary General C Other (specify) ▼ button										
	Full Name (Last, First, Middle Initial) Becerra for Congress					Date	of Dis	burse		1-54	87939	7153
	Mailing Address PO Box 261060					0 ^M 8	M /	^D 2	^D /	ž	0 Ď 8	Y
	City Los Angeles	State Zip Code CA 90026				Amou	int of I	Each	Disburs			-
	Purpose of Disbursement Contribution General Candidate Name			01				•		50	00.00)
	Xavier Becerra	rement Fee: 2000		Typ	ory/ e							
	Office Sought: X House Disburs Senate President State: CA District: 31	ement For: 2008 Primary X General Other (specify)										
	UBTOTAL of Disbursements This Page (optional				•					115	00.00)

ITEMIZED DISBURGEMENTS		Use separate schedule(s	i)		PR LINE NUMBER: PAG leck only one)						E /2/94	
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	—	23 28b	24 28		25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	ne and address of any politica	al com	mitt	ee to sol							
V	American Academy of Ophthalmology Inc	Political Committee (Ol	PHTH	IPA	(C)							
	Full Name (Last, First, Middle Initial) Ben Cardin for Senate Mailing Address PO Box 21093				Transaction ID: 85101-28500002622 Date of Disbursement							
	City State Zip Code Catonsville MD 21228						nt of	Each	Disbur	semer	nt this P	eriod
	Purpose of Disbursement Contribution Primary Candidate Name	•	_	01	1 ory/		•			50	00.00	
	· H	ement For: 2012 Primary General Other (specify)		Гур								
	Full Name (Last, First, Middle Initial) Berkley for Congress					Transaction ID: 85651-3985559344 Date of Disbursement 0 8 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
	Mailing Address 3069 Conquista Court					0 0			. /		2000	_
	City Las Vegas Purpose of Disbursement	State Zip Code NV 89121		•	-	Amount of Each Disbursement this Per 2000.00						
	Contribution General Candidate Name Shelley Berkley				ory/							
	Office Sought: X House Senate President State: NV District: 01	ement For: 2008 Primary X General Other (specify) ▼	•									
·-	Full Name (Last, First, Middle Initial) Bilirakis for Congress					Date of	of Dis	sburse	ement		28180	_
	Mailing Address 610 S. Boulevard					0 8	M /	0	5	ž	2 0 ŏ 8	Y
	City Tampa	State Zip Code FL 33606				Amou	nt of	Each	Disbur		nt this P	-
	Purpose of Disbursement Contribution			01			-			10	00.00	
		Candidate Name Gus Michael Bilirakis			ory/							
	Candidate Name Gus Michael Bilirakis		-	Тур	е							
	Gus Michael Bilirakis Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)		Гур	е							

CHEDULE B (FEC FOIII 3X)	Use separate schedule((check only	NUMBER: PAGE 73/94
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any politic	al committee to so	
American Academy of Ophthalmology	/ Inc Political Committee (O	PHTHPAC)	
Full Name (Last, First, Middle Initial) Bill Cassidy for Congress			Transaction ID: 45688-2822992205 Date of Disbursement
Mailing Address 3482 Drusilla Lane S	Suite 1		$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & Z & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
City Baton Rouge	State Zip Code LA 70809	_	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Primary		011	5000.00
Candidate Name William Cassidy		Category/ Type	
Senate President	bursement For: 2008 X Primary General Other (specify) ▼		
State: LA District: 06 Full Name (Last, First, Middle Initial)			T " ID 05040 0004054004
Chambliss for Senate			Transaction ID: 65916-6384851336 Date of Disbursement
Mailing Address Post Office Box 124	69		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ O & S \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & S \end{smallmatrix} \end{bmatrix}$
City Atlanta	State Zip Code GA 30355		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Saxby Chambliss		Category/ Type	
Office Sought: House X Senate President State: GA District:	bursement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional C	ampaign		Transaction ID: 85101-3198358416 Date of Disbursement
Mailing Address PO Box 12612			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N \\ Y & Z & D & N \end{smallmatrix} \end{bmatrix}$
City San Antonio	State Zip Code TX 78212		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution General		011	5000.00
Candidate Name Charles Gonzalez		Category/ Type	
Senate President	bursement For: 2008 Primary X General Other (specify)	-	
State: TX District: 20			

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 74/94
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23	24
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	,			
American Academy of Ophthalmology Inc	Political Committee (OPH)	ГНРАС)		
Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee In	c		Transaction ID: 89 Date of Disbursement	5101-5742914080619 nt
Mailing Address PO Box 549 PO Box 549			08 / 27	2008
City	State Zip Code LA 70390		Amount of Each Disl	bursement this Period
Purpose of Disbursement Contribution General		011		5000.00
Candidate Name Charlie Melancon		Category/ Type		
Senate President	ment For: 2008 Primary X General Other (specify) ▼			
State: LA District: 03 Full Name (Last, First, Middle Initial)			Transaction ID: 6	 5916-1396448016166
Citizens for Altmire			Date of Disbursemen	nt
Mailing Address PO Box 1776			08 0 5	² 2008
	State Zip Code PA 15042		Amount of Each Disl	bursement this Period
Purpose of Disbursement Contribution	Γ	011		1000.00
Candidate Name Jason Altmire		Category/ Type		
Senate President	ment For: 2008 Primary X General Other (specify)			
State: PA District: 04 Full Name (Last, First, Middle Initial)				
Citizens for Altmire			Date of Disbursemer	
Mailing Address PO Box 1776			08 / 27	y žoš8
	State Zip Code PA 15042		Amount of Each Disl	bursement this Period
Purpose of Disbursement Contribution General		011		2500.00
Candidate Name Jason Altmire		Category/ Type		
Office Sought: X House Senate President State: PA District: 04	ment For: 2008 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .				8500.00
TOTAL This Period (last page this line number only)				

	n 3X)		arate schedule(s)		OR LINI check or			l:		PA	GE 75/	94	
TEMIZED DISBURSEME	INTS		category of the Summary Page		21b 27	22 28	: [X 23 28b		24 28c	25 29	F	26
ny Information copied from such Repo													
for commercial purposes, other than	using the name	e and addre	ss of any political	comm	ittee to s	Olicit co	ontrib	outions fi	rom	such c	ommittee)	
NAME OF COMMITTEE (In Full) American Academy of Ophtha	lmology Inc	Political C	`ommittoo (OP	штир	(AC)								
American Academy of Ophtha	illiology ilic	ronnicai C	Johnnillee (OP	піпг	AC)								
Full Name (Last, First, Middle Initial))					Tra	ansa	ction ID	: 6	5916	-616069	972	251
Citizens To Elect Rick Larsen								Disburs			0.000		
Mailing Address PO Box 326						0	8 ^M	/ D	o 5	/ Y	ž o ŏ	8 ^Y	
City		State	Zip Code			An	าอนท	t of Each	n Dis	burse	ment this	Peri	od
Everett		WA	98206				-						-
Purpose of Disbursement				· ·	-						1000.0	00	_
Contribution				0.									
Candidate Name Rick Larsen				Cate Ty	gory/ ne								
Office Sought: X House	Disburse	ment For:	 2008	. у	F~	+							
Senate		Primary	General										
President		Other (spe	ecify)										
State: WA District: 02													
Full Name (Last, First, Middle Initial))										-591793	3239)11
Coleman for Senate 08						_		Disburs		ent			
Mailing Address 680 Transfer	Road Suite	A				0	8 M	/ D	2 7	/ <u>Y</u>	žoŏ	8 ^Y	
City		State	Zip Code			An	noun	t of Each	n Dis	burse	ment this	Peri	od
St Paul		MN	55114								0500.6	20	-
Purpose of Disbursement Contribution Primary				0		L					2500.0)Û	-
Candidate Name Norm Coleman				Cate Ty	gory/								
Office Sought: House X Senate President		ment For: Primary Other (spe	2008 General	1 9	pe								
State: MN District:		O (Op 0	√2 y /										
Full Name (Last, First, Middle Initial) Collins for Senator)							ction ID			-553661	1525	524
Moiling Address BO B 400						U _V	8 M	/ D	2 7	/ Y	ž 0 ŏ	8 Y	
Mailing Address PO Box 1096	0						ý		- '		_ 0 0	.	
City		State	Zip Code			An	noun	t of Each	n Dis	burse	ment this	Peri	od
Bangor		ME	04402				-				F000 1	20	-
Purpose of Disbursement Contribution General				0			•				5000.0	λÔ	
Candidate Name Susan M. Collins				Cate Ty	gory/ ne								
Office Sought: House X Senate	Disburse	ment For:	2008 X General	.,	pc								
State: ME District:		Other (spe	ciiy) 🔻										
	aga (antianal)							•		•	8500.0	00	_
SUBTOTAL of Disbursements This P	ауе (ориопаі) .						-	-			235010	-	_
							-						

В.

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 76 / 94
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	one) 22 X 23 28a 28k	24 25 26 28c 29 30
Information copied from such Reports and Staten					
or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica	u com	imittee to soi	icit contributions	from such committee
American Academy of Ophthalmology Inc	Political Committee (OF	PHTH	HPAC)		
Full Name (Last, First, Middle Initial)				Transaction I	D : 85651-829052150249
Committe To Re-Elect Ed Towns				Date of Disbu	
Mailing Address 438 Lewis Avenue				0.8	27 2008
City Brooklyn	State Zip Code NY 11233			Amount of Ea	ch Disbursement this Period
Purpose of Disbursement Contribution Primary			011		5000.00
Candidate Name Edolphus Towns		Ca	ategory/ Type		
	ement For: 2008 Primary General Other (specify)				
Full Name (Last, First, Middle Initial)				Transaction I	D : 85101-737743556499
Committee To Elect Chris Murphy				Date of Disbu	
Mailing Address PO Box 127				08	27 2008
City Cheshire	State Zip Code CT 06410			Amount of Ea	ch Disbursement this Period
Purpose of Disbursement Contribution General			011		5000.00
Candidate Name Christopher S. Murphy			ategory/ Type		
Office Sought: X House Senate President State: CT District: 05	ement For: 2008 Primary X General Other (specify)				
Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee				Transaction I	D : 85101-178646266460
Mailing Address PO Box 2008				08 /	27 7 2008
City Murfreesboro	State Zip Code TN 37133			Amount of Ea	ch Disbursement this Period
Purpose of Disbursement Contribution General			011		2500.00
Candidate Name Bart Gordon		Ca	ategory/ Type		
Office Sought: X House Senate President State: TN District: 06	ement For: 2008 Primary X General Other (specify)	I			
I					

ΙŤ		Use separate schedule			R LINE eck only						4
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	€	À	21b 27	22 28a	X 23 28b) 📙 2	24 28c	25 29	20
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)										
$ \rangle$	American Academy of Ophthalmology Inc	Political Committee (C	PHTH	ŀРА	C)						
	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm	ittee				Date o	action I of Disbur	rsement			
	Mailing Address 6380 Wilshire Blvd. #16	12				0 8	M / C	27	Y 2	ž 0 ŏ 8	Y
	City Los Angeles	State Zip Code CA 90048	_			Amou	nt of Ead	ch Disb			-
	Purpose of Disbursement Contribution General		_	011					2	500.00	
	Candidate Name Henry A. Waxman Office Sought: X House Disburse	ement For: 2008		atego Type							
	State: CA District: 30	Primary X General Other (specify) ▼	l								
	Full Name (Last, First, Middle Initial) David Scott for Congress						action I			98468	 2798
	Mailing Address PO Box 960821					0 ^M 8	M / [27	Y	8 0 0 2	Y
	City Riverdale	State Zip Code GA 30296				Amou	nt of Ead	ch Disb			-
	Purpose of Disbursement Contribution General Candidate Name		_	011					5	00.00	
	David Albert Scott		_ I	Туре	,						
	Office Sought: X House Senate President State: GA District: 13	ement For: 2008 Primary X General Other (specify)	ıl								
	•					Trans	action I	D : 85		40112	5669
	Full Name (Last, First, Middle Initial) Donna Edwards for Congress						f Disbui				Y
	•						of Disbur		, ,	8 0 0 2	
	Donna Edwards for Congress	State Zip Code MD 20749				0 ^M 8		27	ursemer	nt this P	eriod
	Donna Edwards for Congress Mailing Address PO Box 441153 City Fort Washington Purpose of Disbursement Contribution General		_	011		0 ^M 8	M / [27	ursemer		eriod
	Donna Edwards for Congress Mailing Address PO Box 441153 City Fort Washington Purpose of Disbursement		Ca	011 atego	ory/	0 ^M 8	M / [27	ursemer	nt this P	eriod
	Donna Edwards for Congress Mailing Address PO Box 441153 City Fort Washington Purpose of Disbursement Contribution General Candidate Name Donna Fern Edwards		Ca	atego	ory/	0 ^M 8	M / [27	ursemer	nt this P	eriod

Transaction ID: 85651-29706972 Any Information copied from such Reports and Statements may not be said or used by any person for the purpose of selicinity contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Earl Pomerory for Congress Mailing Address PO Box 9336 City State Zip Code Fargo ND 58106 Purpose of Disbursement Committee in Contribution General Candidate Name Elizabeth Dole Committee In Contribution General Candidate Name Elizabeth Dole Office Sought: House District: 01 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) City State Zip Code Senate Primary X General Primary X General Primary X General Primary X General Contribution General Candidate Name Elizabeth Dole Committee In Contribution General Candidate Name Elizabeth Dole Office Sought: House Disbursement For: 2008 Rate of Disbursement Contribution General Contribution Contribution General Contribution General Contribution Contri		CHEDULE B (FEC FORM 3X)		ate schedule(s)	FOR LINE (check only		PAGE 78/94
An AME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress Mailing Address PO Box 9336 City State Zip Code President State: ND District: 1 Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State Zip Code ND State Zip Code ND State ND State ND District: 0 Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State Zip Code ND State ND Disbursement For: 2008 Rateigh NC 27602 Purpose of Disbursement Contribution General Candidate Name Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State ND District: 01 Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State ND District: 01 Candidate Name Elizabeth Dole Office Sought: House President State: ND District: 01 Candidate Name President State: ND District: 01 Contribution General Candidate Name Elizabeth Dole Office Sought: House President State: ND District: 01 City State Zip Code NC 27602 Disbursement For: 2008 Primary X General Primary X General Primary X General President State: ND District: 01 City State Xip Code ND State			Detailed S	ummary Page	27	28a 28b	28c 29 3
Earl Pomeroy for Congress Mailing Address PO Box 9336 City State Zip Code ND 58106 Purpose of Disbursement Contribution General Candidate Name President State: ND District: 01 Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State Zip Code ND Category Type Office Sought: X House Primary X General Primary District: 01 Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State Zip Code NC 27602 Raleigh NC 27602 Raleigh NC 27602 Office Sought: Y State Zip Code NC 27602 Condidate Name Elizabeth Dole Office Sought: Y Senate Primary X General Disbursement General Contribution Candidate Name Category Type Office Sought: House Senate Primary General Primary General X Other (specify) ▼ Category Type Office Sought: House Senate Primary General Primary General X Other (specify) ▼ Category Type Office Sought: House Senate Primary General X Other (specify) ▼ Category Type Office Sought: House Senate Primary General X Other (specify) ▼ Category Type Office Sought: House Senate Primary General X Other (specify) ▼ Category Type Office Sought: House Senate Primary General X Other (specify) ▼ Category Type Office Sought: House Senate Primary General X Other (specify) ▼ Category Type Office Sought: House Senate Primary General X Other (specify) ▼ Category Type		for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address	s of any political	committee to sol		
Faigo Purpose of Disbursement Contribution General Candidate Name Earl Pomeroy Office Sought:	<u>V_</u>	Earl Pomeroy for Congress				Date of Disbursem	ent
Contribution General Candidate Name Earl Pomeroy Office Sought:		Fargo				Amount of Each Di	
Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State Zip Code Raleigh NC 27602 Purpose of Disbursement Contribution General Candidate Name Elizabeth Dole Office Sought: House President State: NC District: Full Name (Last, First, Middle Initial) Elizabeth Dole City Raleigh NC 27602 Propose of Disbursement Contribution General Candidate Name Elizabeth Dole Office Sought: House President State: NC District: Full Name (Last, First, Middle Initial) Every Republican Is Crucial (Ericpac) Mailing Address 25 East Main Street, Suite 200 City State Zip Code VA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House President VA 23219 City State Zip Code VA 23219 City State Zip Code VA 23219 Commond VA 23210 Commond VA 23210 Co		Contribution General Candidate Name			Category/		1000.00
Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City State Zip Code NC 27602 Purpose of Disbursement Contribution General Candidate Name Elizabeth Dole Office Sought: NC District: Full Name (Last, First, Middle Initial) Every Republican Is Crucial (Ericpac) Mailing Address 25 East Main Street, Suite 200 City State Zip Code Other (specify) ▼ Mailing Address 25 East Main Street, Suite 200 City State Zip Code VA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General VA 23219 Office Sought: House Senate Primary General VA 23219 Office Sought: House VA 23219 Office Sought: House Senate Primary General VA Category/ Type Office Sought: House Senate Primary General VA Other (specify) ▼ State: District: Contribution Subtotal of Disbursements This Page (optional)		Senate President	Primary	X General			
City State Zip Code NC 27602 Purpose of Disbursement Contribution General Candidate Name Elizabeth Dole Office Sought: House X Senate President State: NC District: Full Name (Last, First, Middle Initial) Every Republican Is Crucial (Ericpac) City State Zip Code NA 23219 Purpose of Disbursement For: 2008 City State Zip Code NA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Contribution Candidate Name Disbursement For: 2008 City State Zip Code VA 23219 Purpose of Disbursement Contribution Candidate Name Disbursement For: 2008 Primary General X Other (specify) ▼ State: District: Contribution Subtrotal of Disbursements This Page (optional) → 7000.00						Date of Disbursem	ent
Raleigh NC 27602 Purpose of Disbursement Contribution General Candidate Name Elizabeth Dole Office Sought: House Primary X General City Republican Is Crucial (Ericpac) Mailing Address 25 East Main Street, Suite 200 City State VA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House Primary X General Other (specify) ▼ Transaction ID: 65916-57413882 Date of Disbursement M M M / D D D / Y 2 0 0 8 M Amount of Each Disbursement this Pe Office Sought: House Primary General X Other (specify) ▼ State: District: Contribution Candidate Name Office Sought: House Primary General X Other (specify) ▼ State: District: Contribution Subtotal of Disbursements This Page (optional) ■ Transaction ID: 65916-57413882 Date of Disbursement M M M / D D D / Y 2 0 0 8 M Amount of Each Disbursement this Pe 1000.00							
Contribution General Candidate Name Elizabeth Dole Office Sought: House		Raleigh				Amount of Each Di	
Office Sought: House X Senate Primary X General Other (specify) ▼ State: NC District: Full Name (Last, First, Middle Initial) Every Republican Is Crucial (Ericpac) Mailing Address 25 East Main Street, Suite 200 City State Zip Code Richmond VA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General X Other (specify) ▼ State: District: Contribution State: District: Contribution Subtrotal of Disbursements This Page (optional) 7000.00		Contribution General Candidate Name			Category/		5000.00
Every Republican Is Crucial (Éricpac) Mailing Address 25 East Main Street, Suite 200 City State Zip Code Richmond VA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Y Other (specify) Type State: District: Contribution Substortal (Éricpac) Date of Disbursement Date of Disbursement this Pe Amount of Each Disbursement this Pe 1000.00		Office Sought: House X Senate President Disbur	Primary	X General	Туре		
City State Zip Code VA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General President President State: District: Contribution Substitute 2008 Senate Primary General X Other (specify) ▼ State: Disbursements This Page (optional)		,				Date of Disbursem	ent
Richmond VA 23219 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Y Other (specify) ▼ State: District: Contribution SUBTOTAL of Disbursements This Page (optional)		Mailing Address 25 East Main Street, Su	uite 200			08 / 05	2008
Contribution Candidate Name Office Sought: House Disbursement For: 2008 Senate Primary General President X Other (specify) State: District: Contribution SUBTOTAL of Disbursements This Page (optional)						Amount of Each Di	
Senate Primary General President X Other (specify) ▼ State: District: Contribution SUBTOTAL of Disbursements This Page (optional) → 7000.00		Contribution			Category/		1000.00
SUBTOTAL of Disbursements This Page (optional)		Senate President	Primary X Other (spec	General			
TOTAL This Period (last page this line number only)	s				>		7000.00
FEGAN026 FEC Schedule B (Form 3X) (Revis		<u>` ' ' '</u>	y)		>		

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 79/	94
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 28c 29	26 30b
Any Information copied from such Reports and Staten					s
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to soil	cit contributions tr	om such committee	
American Academy of Ophthalmology Inc	Political Committee (OPH	ГНРАС)			
Full Name (Last, First, Middle Initial) Friends for Jim McDermott			Transaction ID Date of Disburs	: 85651-320400- ement	4168510
Mailing Address PO Box 21783			08 / 2	27 2008	3 ^Y
City Seattle	State Zip Code WA 98111		Amount of Each	Disbursement this	Period
Purpose of Disbursement Contribution General		011		5000.0	0
Candidate Name Jim McDermott		Category/ Type			
Senate President	ement For: 2008 Primary X General Other (specify)				
State: WA District: 07 Full Name (Last, First, Middle Initial)					
Friends of Bill Posey			Date of Disburs		
Mailing Address 1824 South Fiske Boulev	ard		08 / 2	27 Y 2008	3 1
City Rockledge	State Zip Code FL 32955		Amount of Each	Disbursement this	-
Purpose of Disbursement Contribution General		011		5000.0	0
Candidate Name Bill Posey		Category/ Type			
Senate President	ement For: 2008 Primary X General Other (specify)				
State: FL District: 15					
Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee			Date of Disburs		
Mailing Address PO Box 1949			08 / 2	27 2008	3 ^Y
City Springfield	State Zip Code IL 62705		Amount of Each	Disbursement this	
Purpose of Disbursement Contribution General		011		2500.0	0
Candidate Name Richard J. Durbin		Category/ Type			
Office Sought: House Disburse X Senate President	ment For: 2008 Primary X General Other (specify)				
State: IL District:					
SUBTOTAL of Disbursements This Page (optional)		<u></u>		12500.0	0

TOTAL This Period (last page this line number only)

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)		R LINE N leck only c		PAGE	80 / 94
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 28a 28b	24 28c	25 <u>26</u> 29 30
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam						
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OP	PHTHPA	(C)			
	Full Name (Last, First, Middle Initial) Friends of Gordon Smith				Transaction ID: Date of Disburse M M / D 0 8	ement	1342677593 0 0 8
	Mailing Address 228 S Washington Ste 1	15			0 0	5 2	000
	City Alexandria	State Zip Code VA 22314			Amount of Each	Disbursement	this Period
	Purpose of Disbursement Contribution		011			25	00.00
	Candidate Name Gordon H. Smith		Catego Typo	,			
	X Senate President	ement For: 2008 Primary X General Other (specify)					
_	State: OR District: Full Name (Last, First, Middle Initial)				Tuanaatian ID.	05101 500	C4C7E474
	Friends of Jay Rockefeller				Date of Disburse	ement	
	Mailing Address PO Box 1909				08 2	7 2	0 0 8
	City Charleston	State Zip Code WV 25327			Amount of Each		
	Purpose of Disbursement Contribution General Candidate Name		011			50	00.00
	John D. Rockefeller, IV		Catego Typo	,			
	Office Sought: House Disburs X Senate President	ement For: 2008 Primary X General Other (specify)					
	State: WV District:	_					
ı	Full Name (Last, First, Middle Initial) Friends of John Tanner				Transaction ID: Date of Disburse	ement	
	Mailing Address Post Office Box 1994 Post Office Box 1994				08 / 2	7 2	0 0 8 0
	City Union City	State Zip Code TN 38281			Amount of Each	Disbursement	this Period
	Purpose of Disbursement Contribution General		011	1		25	00.00
	Candidate Name John S. Tanner		Catego Type				
	Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify)	. , , , ,				
_	State: TN District: 08						
s	SUBTOTAL of Disbursements This Page (optional)		<u></u>	<u> </u>		1000	00.00
Γ,	OTAL This Period (last page this line number only)		_			
L.	TIME THIS I GIVE (1831 Page this line number only	<i>J</i> ······	•••••				

		Use separate schedule(s	3)	_	R LINE eck only	-	п.		L	FAGE	81 / 9	74
П _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	24	4 3c	25 29	
	y Information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	ame and address of any politica	al com	mitt	ee to sol							
	Full Name (Last, First, Middle Initial) Friends of Lois Capps					Date		sburs	ement		22534	
	Mailing Address PO Box 23940					0 ^M 8	/	_ 2	27	2	2 0 0 8	
	City Santa Barbara	State Zip Code CA 93121				Amou	int of	Each	Disbu	rsemer	nt this P	eriod
	Purpose of Disbursement Contribution General Candidate Name		_	01°		L.		•		15	500.00)
	Lois Capps Office Sought: X House Senate President State: CA District: 23	ursement For: 2008 Primary X General Other (specify) ▼		Тур	Э							
	Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel Mailing Address PO Box 101124					Date		sburs	: 856 ement		19873 2 0 0 8	
	City Chicago Purpose of Disbursement Contribution General	State Zip Code IL 60610		01-		Amou	int of	Each	Disbu		nt this P	
	Candidate Name Rahm Israel Emanuel		1	ateg Typ	,							
	Office Sought: X House Senate President State: IL District: 05	rrsement For: 2008 Primary X General Other (specify) ▼										
	Full Name (Last, First, Middle Initial) Friends of Tim Johnson					Date	of Di	sburs	ement	01-64	52600	359
	Mailing Address PO Box 17097					0 ^M 8	M /		27	2	2 0 ŏ 8	Y
	City Urbana	State Zip Code IL 61803				Amou	int of	Each	Disbu	rsemer	nt this P	erio
	Purpose of Disbursement Contribution General			01 ⁻						50	00.00)
	Candidate Name Timothy V. Johnson			ateg Typ	ory/							
	Office Sought: X House Disb Senate President	rsement For: 2008 Primary X General Other (specify) ▼	•									
	State: IL District: 15											

ΙT	ENIZED DIODUDOEMENTO	Use separate schedule(s)		eck only	NUMBEF one)	١.	L	PAGE	02 / 3	_
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 [28a [X 23 28b	2	4 8c	25 29	20
	y Information copied from such Reports and State for commercial purposes, other than using the nan										
\setminus	NAME OF COMMITTEE (In Full)										
V	American Academy of Ophthalmology Inc	Political Committee (OI	PHTH	ΙPΑ	C)						
	Full Name (Last, First, Middle Initial) Giffords for Congress						action II f Disbur		101-74	94012	7134
	Mailing Address PO Box 12886					0 8 M			Y	2 0 ŏ 8	Υ
	City	State Zip Code				Amour	nt of Eac	h Disbu	ırsemer	nt this P	eriod
	Tucson	AZ 85732				_					-
	Purpose of Disbursement Contribution Primary			011					50	00.00	
	Candidate Name Gabrielle Giffords			atego Type							
	Office Sought: X House Disburs Senate President State: AZ District: 08	ement For: 2008 Primary General Other (specify)	•								
_	Full Name (Last, First, Middle Initial)					Transa	ation II	D. 051	101.00	15010	2210
	Gillibrand for Congress					Date of	ction II f Disbur	sement			
	Mailing Address PO Box 15734					0 8 0	/ D	2 7 ^D	Y	2 0 ŏ 8	Y
	City Washington	State Zip Code DC 20003				Amour	nt of Eac	h Disbu			
	Purpose of Disbursement Contribution Primary			011			•		50	00.00	
	Candidate Name Kirsten E. Gillibrand		1	atego Type	,						
		ement For: 2008 Primary General Other (specify)	•								
	Full Name (Last, First, Middle Initial) Griffith for Congress						ction II f Disbur	sement		11468	768
	Mailing Address PO Box 2916					0 8	/ D	2 7 ^D	Y	2 0 ŏ 8	Y
	City Huntsville	State Zip Code AL 35804				Amour	nt of Eac	h Disbu	ırsemer	nt this P	erioc
				v					50	00.00	
	Purpose of Disbursement Contribution General		Ш	011	.						
			Ca	011 atego Type	ory/						
	Contribution General Candidate Name Parker Griffith	ement For: 2008 Primary X General Other (specify)	Ca	atego	ory/						

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statement			
or for commercial purposes, other than using the name	and address of any political	committee to soi	icit contributions from such committee
NAME OF COMMITTEE (In Full)	Palitical Committee (ODI	ITUDAC)	
American Academy of Ophthalmology Inc F	Political Committee (OPF	HTHPAC)	
Full Name (Last, First, Middle Initial)			Transaction ID: 85101-820598781108
Heath Shuler for Congress			Date of Disbursement
Mailing Address PO Box 8446			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
Asheville Purpose of Disbursement	NC 28814		2500.00
Contribution General		011	
Candidate Name Heath Shuler		Category/ Type	
Office Sought: X House Disburser	ment For: 2008		
Senate	Primary X General		
President State: NC District: 11	Other (specify)		
Full Name (Last, First, Middle Initial)			
Inslee for Congress			Transaction ID: 85101-304165065288 Date of Disbursement
Mailing Address PO Box 33027			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & N \end{smallmatrix} \end{bmatrix} $
•	State Zip Code WA 98133		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General		011	5000.00
Candidate Name Jay Inslee		Category/ Type	
Office Sought: X House Disburser Senate President	ment For: 2008 Primary X General Other (specify) ▼		
State: WA District: 01 Full Name (Last, First, Middle Initial)			
Jeb Bradley for Congress			Transaction ID: 85651-718547999858 Date of Disbursement
Mailing Address 645 South Main Street			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & 0 & \check{Y} & 8 \\ 2 & 0 & 0 & 8 & 9 \end{bmatrix}$
	State Zip Code NH 03894		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General		011	5000.00
Candidate Name Joseph E. Mr. Bradley, III		Category/ Type	
Office Sought: X House Senate President State: NH District: 01	ment For: 2008 Primary X General Other (specify) ▼		
			12500.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	()		R LINE leck only		R:		F	PAGE	84 / 9	4
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	24 280	, П	25 29	26
Any Information copied from such Reports and States for for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	ame and address of any politica	al com	mitt	ee to soli							
Full Name (Last, First, Middle Initial)	ne i onitical committee (Oi			10)				8510	1-46	43060	5649
Kurt Schrader for Congress Mailing Address 607 N. Main St Suite 240						M A	sburse	P / 7	Y Y	0 ŏ 8	Y
City Oregon City	State Zip Code OR 97045				Amou	int of	f Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Contribution General		_	01						50	00.00	
Candidate Name Kurt Schrader	rsement For: 2008	1	ateg Typ	ory/ e							
Senate President	Primary X General Other (specify)										
State: OR District: 05 Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart for Congress							on ID:	8565 ement	1-402	27978	77788
Mailing Address 95 Merrick Way, Suite	250				0 ^M 8	М	^D 2	7 /	ž	0 0 8	Y
City Coral Gables	State Zip Code FL 33134				Amou	int of	f Each	Disburs			
Purpose of Disbursement Contribution General		_	01			0			25	500.00	
Candidate Name Lincoln Diaz-Balart		1	ateg Typ	ory/ e							
Office Sought: X House Senate President State: FL District: 21	rsement For: 2008 Primary X General Other (specify) ▼										
Full Name (Last, First, Middle Initial) Linda Stender for Congress					Date of	of Di	sburse		1-76	14404	5591
Mailing Address PO Box 730					8 ^M 0	М	2	7 /	ž	0 0 8	Υ
City Scotch Plains	State Zip Code NJ 07076				Amou	int of	f Each	Disburs	-		-
Purpose of Disbursement Contribution General Candidate Name		_	01						50	00.00	•
Linda Stender	rsement For: 2008		Тур	ory/ e							
Senate President State: NJ District: 07	Primary X General Other (specify) ▼										
SUBTOTAL of Disbursements This Page (options	al)			<u> </u>		_	-		125	00.00	
TOTAL This Period (last page this line number or FE6AN026	nly)			•			ر براہ ماد	le B(Fo		0 (Day	

TELLIER BIODITATIONS	Use separate schedule(s	5)	(che	ck only	one)			_			4
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ [<u> </u>	21b 27	22 28a		23 28b	24 28c		25 29	
ny Information copied from such Reports and State for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
American Academy of Ophthalmology In	c Political Committee (O	PHTH	PAC	C)							
Full Name (Last, First, Middle Initial)								8565	1-982	24334	979
Mario Diaz-Balart for Congress					Date of	of Dis	burse 2		YYY	0 ŏ 8	Υ
Mailing Address 95 Merrick Way, Suite					0 0					000	_
City Coral Gables	State Zip Code FL 33134				Amou	nt of	Each	Disburs			-
Purpose of Disbursement Contribution General			011			_			50	00.00	-
Candidate Name Mario Diaz-Balart		Ca	tegor Type	ry/							
Office Sought: X House Senate President State: FL District: 25	sement For: 2008 Primary X General Other (specify)		71								
Full Name (Last, First, Middle Initial)								8510	1-019	5428	729
Mark Pryor for Us Senate						of Dis	burse 2		YYY	0 ŏ 8	Υ
Mailing Address PO Box 2720					0 8		2	1	. 2	008	
City Little Rock	State Zip Code AR 72203				Amou	nt of	Each	Disburs	ement	this P	erio
Purpose of Disbursement Contribution General			011		T L	50	00.00				
Candidate Name Mark Lunsford Pryor		Ca	tegor Type	ry/							
Office Sought: House Disbur X Senate President State: AR District:	sement For: 2008 Primary X General Other (specify) ▼										
Full Name (Last, First, Middle Initial) Markey Committee, the					Date	of Dis	burse		1-570	5072	283
Mailing Address PO Box 526					8 ^M 0	M /	^D 2	7 /	ž	0 ŏ 8	Y
City Medford	State Zip Code MA 02155				Amou	nt of	Each	Disburs			
Purpose of Disbursement Contribution Primary			011			_		•	25	00.00	
Candidate Name Edward J. Markey			tegor ype	ry/							
9 7	sement For: 2008 X Primary General Other (specify)										
2.33.										0.00	_

ITEMIZED BIODURATION	Use separate schedule(s)	(check onl	= NUMBER: PAGE 86 / 94 ly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmolog	/ Inc Political Committee (OPI	HTHPAC)	
Full Name (Last, First, Middle Initial) Matheson for Congress			Transaction ID: 85101-15409487485 Date of Disbursement
Mailing Address PO Box 521048 Suite A			08 7 27 7 2008
City Salt Lake City	State Zip Code UT 84152		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General		011	5000.00
Candidate Name Jim Matheson		Category/ Type	
Office Sought: X House Di Senate President State: UT District: 02	bursement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 60613-13473147153
Miller-Meeks for Congress			Date of Disbursement
Mailing Address PO Box 3011			$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
City Iowa City	State Zip Code IA 52244		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Primary Debt Relief		011	5000.00
Candidate Name Mariannette Jane Miller-Meeks		Category/ Type	
Office Sought: X House Discription Senate President State: IA District: 02	sbursement For: 2008 X Primary General Other (specify)		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Miller-Meeks for Congress			Transaction ID: 85651-5189172625 Date of Disbursement
Mailing Address PO Box 3011			$ \begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 7 \\ 2 & 7 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 7 \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City Iowa City	State Zip Code IA 52244		Amount of Each Disbursement this Perioc
Purpose of Disbursement Contribution General		011	5000.00
Candidate Name Mariannette Jane Miller-Meeks		Category/ Type	
Senate President	sbursement For: 2008 Primary X General Other (specify)		
State: IA District: 02			
			10000.00

В.

C.

SCHEDULE B (FEC Form 3X)		FORLINF	NE NUMBER: PAGE 87 / 94			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	, –		
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 30b		
Any Information copied from such Reports and State	nents may not be sold or used by					
or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
American Academy of Ophthalmology Inc	Political Committee (OPHT	THPAC)				
Full Name (Last, First, Middle Initial) Montana Democratic Party			Transaction ID: 65916-30 Date of Disbursement	017541766166		
Mailing Address PO Box 802			08 / 05 / 4	2008		
City Helena	State Zip Code MT 59624		Amount of Each Disburseme	nt this Period		
Purpose of Disbursement Contribution		011	5	000.00		
Candidate Name		Category/ Type				
Senate President	ement For: 2008 Primary General Other (specify)					
	DULION					
Full Name (Last, First, Middle Initial) Montanans for Tester			Transaction ID: 85101-89 Date of Disbursement	922998309135		
Mailing Address PO Box 1135			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Helena	State Zip Code MT 59624		Amount of Each Disburseme			
Purpose of Disbursement Contribution Primary		011		000.00		
Candidate Name Jon Tester	C	Category/ Type				
ÿ	ement For: 2012 Primary General Other (specify)					
State: MT District:						
Full Name (Last, First, Middle Initial)			Transaction ID: 05781-42	213220477104		
Musgrove for U S Senate			Date of Disbursement			
Mailing Address PO Box 24477 1076 Highland Colony F	arkway		08 / 19 /	Ž 0 Ď 8 Š		
City Jackson	State Zip Code MS 39225		Amount of Each Disburseme	nt this Period		
Purpose of Disbursement Contribution GENERAL	Γ	011	5	000.00		
Candidate Name David Ronald (Ronnie) Musgrove		Category/ Type				
χ Senate President	ement For: 2008 Primary X General Other (specify) ▼					
State: MS District:						
SUBTOTAL of Disbursements This Page (optional)		<u></u>	150	00.00		

TOTAL This Period (last page this line number only)

		Use separate schedule(s)			R LINE eck only		n.		[P	AGE	88 / 9	4
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ì	21b 27	22 28a		8b	24 28c		25 29	2 3
	y Information copied from such Reports and Stor commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political Committee (OF	PHTH	ΙPΑ	(C)							
	Full Name (Last, First, Middle Initial) National Leadership Pac					Date	of Disk	ourser		1-640	03009	2954
	Mailing Address PO Box 5577 Manhattenville Statio	n				0 8	M /	^D 2			0 ŏ 8	
	City New York	State Zip Code NY 10027				Amou	nt of E	ach [Disburse	-		
	Purpose of Disbursement Contribution Candidate Name			011 ateg			•			25	00.00	
	Senate President	oursement For: 2008 Primary General X Other (specify)	-	Тур	Э							
	Full Name (Last, First, Middle Initial) Pallone for Congress Mailing Address PO Box 3176					Date	action of Disk				70495 0 ŏ 8	
	City Long Branch Purpose of Disbursement	State Zip Code NJ 07740				Amou	nt of E	Each [Disburse		t this P	
	Contribution General Candidate Name Frank Pallone, Jr.		Ca	011 ateg Type	ory/							
	Office Sought: X House Senate President State: NJ District: 06	oursement For: 2008 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial) Pascrell for Congress Inc.					Date	of Disk	ourser		1-169	94604	754
	Mailing Address POB 640					0 ^M 8	M /	^D 2	7 /	ž	0 Ď 8	<u> </u>
	City Totowa	State Zip Code NJ 07511				Amou	nt of E	ach [Disburs			-
	Purpose of Disbursement Contribution General		_	011						40	00.00	-
	Candidate Name William J. Pascrell, Jr.			teg Type	ory/ e							
	Office Sought: X House Senate President State: NJ District: 08	oursement For: 2008 Primary X General Other (specify)										
	· · · · · · · · · · · · · · · · · · ·	nal)					-			115	00.00	

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	rate schedule(s) FOR LINE NUMBER: P	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22
Any Information copied from such Reports and Statement			
or for commercial purposes, other than using the name	and address of any political	i committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full)	D-1:4:1	NITHDAO)	
American Academy of Ophthalmology Inc I	Political Committee (OP	HTHPAC)	
Full Name (Last, First, Middle Initial)			Transaction ID: 65916-03326052427
Pat Roberts for U S Senate Inc			Date of Disbursement
Mailing Address PO Box 433			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} \end{bmatrix}$
	State Zip Code KS 67530		Amount of Each Disbursement this Period
Purpose of Disbursement	7,000		2500.00
Contribution		011	
Candidate Name Pat Roberts		Category/ Type	
Office Sought: House Disburse	ment For: 2008	.) 0	
X Senate X	Primary General		
President State: KS District:	Other (specify)		
Full Name (Last, First, Middle Initial) Paul Broun Committee			Transaction ID: 85651-269909083848 Date of Disbursement
Mailing Address PO Box 7165			$\begin{bmatrix}\begin{smallmatrix}M\\08\end{smallmatrix}^M&\begin{smallmatrix}I\\27\end{smallmatrix}\end{bmatrix}^{I}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2008\end{smallmatrix}^Y\end{bmatrix}$
•	State Zip Code GA 30604		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General		011	2500.00
Candidate Name Paul Collins Broun		Category/ Type	
Office Sought: X House Senate President President	ment For: 2008 Primary X General Other (specify) ▼		
State: GA District: 10 Full Name (Last, First, Middle Initial)			
People for English			Transaction ID: 65916-04961794614 Date of Disbursement
Mailing Address PO Box 1940			08 05 7 2008
	State Zip Code PA 16507		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1500.00
Candidate Name Phil English		Category/ Type	
Office Sought: X House Disburser Senate President	ment For: 2008 Primary X General Other (specify)	7,	
State: PA District: 03			
SUBTOTAL of Disbursements This Page (optional)		b	6500.00
TOTAL This Period (last page this line number only)			

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	1 -	FOR LINE NUMBER: PA	
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 2 28c 29
ny Information copied from such Reports and Staten				
r for commercial purposes, other than using the name	e and address of any politica	l committee to so	licit contributions from	such committee
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OF	PHTHPAC)		
American Academy of Opininal Mology me	Tollical Committee (C)	717111 710)		
Full Name (Last, First, Middle Initial)				85651-5954858660
Pete Stark Re-Election Committee			Date of Disbursem	
Mailing Address PO Box 8331			08 / 27	2008
City Fremont	State Zip Code CA 94537		Amount of Each D	isbursement this Period
Purpose of Disbursement	CA 94537	l		1500.00
Contribution General		011		
Candidate Name		Category/		
Pete Stark	0000	Туре		
Office Sought: X House Disburse Senate	ement For: 2008 Primary X General			
President	Other (specify)			
State: CA District: 13				
Full Name (Last, First, Middle Initial)			Transaction ID:	85101-4284479022
Rangel for Congress			Date of Disbursement	
Mailing Address PO Box 5577 Manhattanville Sta			08 / 27	2008
	State Zip Code NY 10027		Amount of Each D	isbursement this Period
Purpose of Disbursement	NY 10027		- Lining	1000.00
Contribution Primary		011		
Candidate Name Charles B. Rangel		Category/ Type		
Office Sought: X House Disburse	ement For: 2008			
	Primary General			
President State: NY District: 15	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Tuencastic - ID	6E016 0017000400
Searchlight Leadership Fund			Date of Disbursem	
Mailing Address 607 14th Street N.W. Suite 800			08 0 5	2008
City Washington	State Zip Code DC 20005		Amount of Each D	isbursement this Perio
Purpose of Disbursement Contribution		011	500	
Candidate Name		Category/ Type		
Senate	ement For: 2008 Primary General Other (specify)	.,,,,,		
State: District: Contrib				
SUBTOTAL of Disbursements This Page (optional)				7500.00

В.

SCHEDULE B (FEC Form 3X)			PAGE 91/94	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one)] 22 23	24 25 26
	Detailed Suffillary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political co	THITIRLEC TO SOM	on contributions from a	such committee
American Academy of Ophthalmology Inc	Political Committee (OPH)	ГНРАС)		
Full Name (Last, First, Middle Initial) Snyder for Congress Campaign Committee)		Transaction ID: 8 Date of Disburseme	5651-7038995623588 nt
Mailing Address PO Box 250998			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$	2008
•	State Zip Code AR 72225		Amount of Each Dis	bursement this Period
Purpose of Disbursement Contribution General		011		5000.00
Candidate Name Vic Snyder		Category/ Type		
Senate President	ment For: 2008 Primary X General Other (specify) ▼			
State: AR District: 02 Full Name (Last, First, Middle Initial)				
Udall for Colorado			Date of Disburseme	
Mailing Address PO Box 40158			08	^y 2008 ^y
,	State Zip Code CO 80204		Amount of Each Dis	bursement this Period
Purpose of Disbursement Contribution GENERAL		011		5000.00
Candidate Name Mark Udall		Category/ Type		
Office Sought: House Disburse X Senate President	ment For: 2008 Primary X General Other (specify) ▼			
State: CO District:				
Full Name (Last, First, Middle Initial) Udall for Us All			Date of Disburseme	
Mailing Address 3311 Candelaria NE Suit	e A		08 / 19	² 2008
	State Zip Code NM 87107		Amount of Each Dis	bursement this Period
Purpose of Disbursement Contribution General	I	011		5000.00
Candidate Name Tom Udall		Category/ Type		
Office Sought: House Disburse X Senate President State: NM District:	ment For: 2008 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .				15000.00
TOTAL This Period (last page this line number only)				

	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	' Use separate schedule(s)	FOR LINE (check only 21b 27	NUMBER: PAGE 92 / 94 y one) 22
	y Information copied from such Reports at for commercial purposes, other than using NAME OF COMMITTEE (In Full)	•		, ,
\geq	American Academy of Ophthalmol	ogy Inc Political Committee (OPH	ITHPAC)	
	Full Name (Last, First, Middle Initial) Van Hollen for Congress Mailing Address 10537 St. Paul S	itreet		Transaction ID: 85101-7279016375541 Date of Disbursement M
	City Kensington Purpose of Disbursement Contribution General Candidate Name Chris Van Hollen	State Zip Code MD 20895	011 Category/ Type	Amount of Each Disbursement this Period 5000.00
	Office Sought: X House Senate President State: MD District: 08	Disbursement For: 2008 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	238000.00

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one) 21b 22 27 X 28a	PAGE 93/94 23 24 25 26 28b 28c 29 30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name	,		ŭ l
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc F	Political Committee (OPHTF	HPAC)	
Full Name (Last, First, Middle Initial) Sarah Hays Mailing Address Suite 220 1 W Lakeshore Drive			ction ID: 42754-63175600767136 Disbursement
,	State Zip Code AL 35209-7271		t of Each Disbursement this Period
Candidate Name	Ca	010 htegory/ Type	
President	nent For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	1000.00

Image# 28933342203	
Form/Schedule: F3XN Transaction ID:	The Memo Entry on Line 23 for Miller-Meeks for Congress is the redesignation of the 6/23/08 contribution as it was disclosed in the July Monthly Report.
*************************************	***************************************